



# WLI - Annuity Program for Registered WFN Members

## Mail Out Request/Release Form

I, \_\_\_\_\_ am a registered member of Wasausink First Nation and would  
WFN Member Name (please print)

like to take part in the WLI-Annuity Program for registered WFN members.

**Please check mark (✓) which applies to you.**

I am 17 years old (\$50.00) or under and require parental/guardian signature.

I am between the age of 14 years to 17 years (\$50.00) and have a bank account

I am 18 years old or older (\$100.00)

**Individual Cheque:** Yes  No

**Household Cheque:** Yes  No

WFN Members Registration # \_\_\_\_\_

(Under 16 years-Parent/legal guardian signature required)

I, \_\_\_\_\_ am the parent/guardian for \_\_\_\_\_  
Parent/guardian name (please print) Registered WFN Member

who is under 16 years of age and approve for them to take part in WLI-Annuity Program for registered WFN members

X \_\_\_\_\_  
Parent/guardian signature

**Wasausink Lands Inc. will be sending Annuity payments to participants by MAIL ONLY, please provide your mailing information in the space below.**

**Mailing Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Apt#: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

X \_\_\_\_\_  
Signature of WFN registered member

\_\_\_\_\_  
Date

**\*\*\*Please provide a copy of your non-expired status card front and back with request form\*\*\***

**Information obtained from this form is confidential to WLI Only**

*WLI Office Use*

\_\_\_\_\_  
WLI-Signature Date Ticket #

Cheque # \_\_\_\_\_ Date mailed out: \_\_\_\_\_

**\*\*\*Note: This form will be your ballot for the annuity prize draws.\*\*\***