

**WLI-Annuity Program for Registered WFN Members  
Request / Release Form-Mail Out  
(18 years and older)**

I, \_\_\_\_\_ am a registered member of Wasauksing  
Print Name

First Nation and would like to take part in WLI- Annuity Program for registered WFN members.

I am 18 years of age or older (\$100.00 Gift Card)

WFN registered Members Status Card # \_\_\_\_\_

I am not able to physically attend WLI office to participate in the WLI-Annuity Program for registered WFN members, and would like the above amount mailed to me from Wasausink Lands Inc.

**Mailing Information:**

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

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

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

*WLI Office Use*

\_\_\_\_\_  
WLI-Signature

\_\_\_\_\_  
Date

Card # \_\_\_\_\_