

# WLI-Annuity Program for Registered WFN Members Request / Release Form– Mail Out (17 years and under)

I, \_\_\_\_\_ am a registered member of Wasauksing First  
WFN Member Name

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

**Please check mark which applies to you.**

I am between the age of 17 years to 16 years (\$50.00)

I am under the age of 16 years (\$50.00) and require parental/guardian signature.

WFN 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.

(under 16 years-Parent/guardian signature required)

I, \_\_\_\_\_ am the parent/guardian for \_\_\_\_\_  
Parent/guardian name 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.

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

**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 # \_\_\_\_\_