

WLI-Annuity Program for Registered WFN Members Request / Release Form-Pick Up (18 years and older)

I, _____ am a registered member of Wasauksing
WFN Member 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)

My WFN Registered Member Status Card # _____

I am not able to physically attend WLI office to participate in the WLI-Annuity Program for registered WFN Members, and therefore, give permission to the following individual _____ to pick-up a \$100.00 Gift Card on my behalf.
Please print name of individual picking up

As a registered WFN member, I trust and honor the individual I have requested to pick up my \$100 gift card, and once the individual does so, the agreement becomes between me and the named individual and I understand WLI has no further responsibilities in this request

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.

I have been authorized by the above registered WFN member to pick-up a \$100.00 Gift Card on their behalf.

Print name of authorized individual

Signature of authorized individual

Status Card# if applicable

WLI Office Use

WLI-Signature

Date

Card # _____