

WLI- Annuity Program for Registered WFN Members Request / Release Form- Pick Up (17 years and under)

I, _____ am a registered member of Wasauksing First
Registered WFN Member Name
Nation and would like to take part in the WLI-Annuity Program for registered WFN members.

Please check mark which applies to the registered WFN member

I am between the ages 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 # _____

(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

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 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 the above
amount for me, 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 \$50.00 on their behalf.

Print name of authorized individual

Signature of authorized individual

Status Card# if applicable

WLI Office Use

WLI-Signature

Date

Card # _____