



Wasausink Lands Inc.

WLI - 2023 Annuity Program for Registered Wasauksing (Parry Island #16) First Nation Members Policy

This program replaces WLI's Gift Card (voucher) Program.

P.O. Box 238
Parry Sound, Ontario
P2A 2X3

Phone
705-746-7601

Fax
705-746-8696

President
Marlene Munroe

Board Members
Lauren Pawis
Margaret Partridge
Gail C. Pegahmagabow
Deborah King

Corporate Members
Dianna Tabobandung

Office Manager
Tina Tabobandung

Leasing Coordinator
Christina Vasiliou

Receptionist
LeeAnn Jackson

1. Individuals must be registered members of WFN to participate.
2. \$100.00 for registered WFN Members 18 years of age and over.
3. \$50.00 for registered WFN Members 17 years of age and under.
(Under 18 yrs.- can participate as soon as they become registered members of Wasauksing First Nation). ***If you are turning 18 years old before March 31, 2023, you are eligible for \$100.00 but will need to submit a current copy (both sides) of your status card.***
4. As of 2020 the Annuity Program is mail out only ***with completed request form. NO EXCEPTIONS***
5. Any registered community members of WFN who have *defaulted* on Loans (Business Loan, TAPP Loan etc.) with Wasausink Lands Inc. are not eligible to participate in the program.
(*defaulted-fail to fulfill an obligation, especially to repay a loan)
6. Program runs from ***Opening Day, January 13, 2023, until March 31st, 2023***
7. WLI will not be responsible for incorrect address information submitted.
8. Status cards that are expired will no longer be accepted.
9. Please submit separate forms for each individual as these forms will be used for draw ballots as well.

***Forms for WLI-2023 Annuity Program for Registered WFN Members
can be requested by:***

- by calling 705-746-7601
- by fax 705-746-8696
- visit [wasausinklandsinc.com/WFN/annuity program](http://wasausinklandsinc.com/WFN/annuity_program)
- email request at reception.wasausink@gmail.com
- Pickup at 70 Isabella Street Unit #110 Parry Sound Ontario P2A 1M6



WLI - 2023 Annuity Program for Registered WFN Members Mail Out Request/Release Form

I, _____ am a registered member of Wasauksing 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.

Individual Cheque: Yes No

Household Cheque: Yes No

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)

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.*****