



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

**Phone  
705-746-7601**

**Fax  
705-746-8696**

**President  
Marlene Munroe**

**Board Members  
Laureen Pawis  
Dianna Tabobandung  
Gail C. Pegahmagabow**

**Corporate Members  
Deborah King  
Steve Tabobandung**

**Office Manager  
Tina Tabobandung**

**Leasing Coordinator  
Carol Yeates**

**Receptionist  
Delta Desjarlais**

# Wasausink Lands Inc.

## **Notice to Wasauksing First Nation Community Members 2021 ANNUITY PROGRAM**

The Board of Directors of Wasausink Lands Inc. are preparing for the **2021 Annuity Program**. As we all know COVID 19 has changed how businesses operate therefore that will change how the program is going to be presented. **We would like to express that these changes are in effect for the 2021 Annuity Program only.**

In preparing for the Annuity Program, we have the following options and would like you to let us know which way will work for you.

The options are:

1. **Individual cheque:** each member 18 and over would have a separate individual cheque. For members 17 and under, we would recommend that the child(ren) be included with the parent. If anyone 14 to 17 wishes to have an individual cheque, they must put that request in, and it is recommended that they have a bank account. This would alleviate any issues cashing the cheque.
2. **Household cheque** – this means if your family members have previously participated in the program and our office has a copy of everyone's status card, we would issue one cheque in one individual's name for each member of your household: or
3. **One family member cheque** – in the past we have had one individual person pick up a number of payments, with the appropriate paperwork this individual would have the cheque in their name and they would distribute the payments to the individuals for whom they are authorized to pick up for.

**Please note for each of these options, if you or anyone in your family has not previously participated in the program you are required to submit a copy (both sides) of your status card.**

To make the 2021 Annuity Program a success you will need to:

1. Choose one of the three options
2. Submit a completed 2021 Annuity Program request form with a current address
3. Return completed forms to Wasausink Lands Inc.

**Only forms with "WLI-2021 Annuity Program for Registered WFN Members" will be accepted for this year's Annuity Program.**

If you have any questions, please contact our office at 705-746-7601 or email Tina Tabobandung at [officemgr.wli@gmail.com](mailto:officemgr.wli@gmail.com).

Miigwech,

Wasausink Lands Inc. Board of Directors



# Wasausink Lands Inc.

## WLI - 2021 Annuity Program for Registered Wasauksing First Nation (WFN) Members Policy

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Wasausink Lands Inc. would like to introduce our revised program with a new name  
“WLI - 2021 Annuity Program for Registered Wasauksing First Nation Members.

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

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, 2021 you are eligible for \$100.00 but will need to submit a current copy (both sides) of your status card.*
4. For the 2021 Annuity Program only, mail outs will be accepted for those living in the Province of Ontario with completed mail out request form.
5. Mail-outs will be made to those who live outside the Province of Ontario- with completed mail out request form.
6. **Pick-up:** will be by appointment only and you will need: a completed pick up request form for yourself. Each individual you are picking up for must provide authorization; and copy of status card, if we do not have one on file.
7. 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)
8. Program runs from **Opening Day, January 8<sup>th</sup>, 2021 until March 31<sup>st</sup>, 2021**

*Forms for WLI-2021 Annuity Program for Registered WFN Members  
can be requested by:*

- by calling 705-746-7601
- by fax 705-746-8696
- email request at [reception.wasausink@gmail.com](mailto:reception.wasausink@gmail.com) or [officemgr.wli@gmail.com](mailto:officemgr.wli@gmail.com)



# WLI - 2021 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.**

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)

**Please issue cheque in my name: Yes  No**

(Please read Notice regarding bank account)

I am 18 years old or older (\$100.00)

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

I am not able to physically attend the 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 (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

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

**Mailing Information:**

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

Apt#: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_

Ticket # \_\_\_\_\_

Cheque # \_\_\_\_\_ Date mailed out: \_\_\_\_\_



# WLI - 2021 Annuity Program for Registered WFN Members

## Pick Up Request/Release Form

I, \_\_\_\_\_ am a registered member of Wasauksing First Nation and would  
Registered WFN Member Name

like to take part in the WLI-Annuity Program for registered WFN members.

**Please check mark (✓) which applies you or to the registered WFN member**

- I am 17 years old (\$50.00) or under and require parental/guardian signature.
- I am between the ages of 14 years to 17 years (\$50.00) **Please issue individual cheque: Yes  No**   
(Please read Notice regarding Bank Account)
- I am of 18 years of age or older (\$100.00)

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

I, \_\_\_\_\_ am the parent/guardian for \_\_\_\_\_  
Parent/guardian name Registered WFN Member

who is under 17 years of age and approve for them to take part in WLI-Annuity Program for registered WFN members.

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

I, give permission for \_\_\_\_\_ to pick-up the \$100.00 cheque on my behalf.  
Please print name of authorized individual

*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 (both sides) with request form, if you have not previously participated in the program\*\*\***

Information obtained from this form is confidential to WLI Only.

I have been authorized by the above registered WFN member to pick-up the \$50.00/\$100.00 on their behalf.

\_\_\_\_\_  
Print name of authorized individual

\_\_\_\_\_  
Signature of authorized individual

\_\_\_\_\_  
Status Card#, if applicable

**WLI Office Use**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ticket #

\_\_\_\_\_  
Cheque #

\_\_\_\_\_  
Date picked up: