

BENEFICIARY INFORMATION FORM

CIBC Trust Account #: 8377308

Account Name: SCN Agricultural Benefits Settlement Trust

Instructions: Please complete this form, and email it to General CIBC Mailbox CIBCTrustIndigenousTrust@cibc.com Forms can be submitted anytime.

Payments for Minors will be issued with confirmation of completion of the Financial Education Attestation as required by the Trust Deed, section 6.4(a).

If you have any questions about this form, please contact Eva Miller at CIBC by phone at (204)218-0541, or by email at Eva.miller@cibc.com.

If you do not have a bank account and require help in opening one, contact the closest CIBC Branch to you or The Pas Banking Centre CIBC Branch at (204)623-3439 and someone at a branch will be happy to help you. You can also reach out to any other major financial institution in your area.

Payments can only be made to accounts in the name of the Minor/ Member who is receiving the distribution.

If you are eligible for more than one claim, you will receive separate payments for each claim.

Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail address: _____

Tax Residence: _____

(Complete only if you live outside of Canada)

Tax residence refers to the province or state you reside in when you file your tax returns. If you reside outside Canada and file a Canadian tax return, please provide the province or territory for the tax package that you use. If you reside permanently outside of Canada, CIBC Trust recommends you consult with your tax advisor regarding reporting requirements in your jurisdiction.

Status #: _____

Date of Birth: _____

Preferred Payment Method: *(Please select one)*

- Electronic Fund Transfer (EFT) – **Recommended**
- Wire Transfer *(\$15 charge for each wire sent to a non-CIBC account)*
- Cheque – mailed to the preferred mailing address above.
- (CIBC Trust cannot guarantee the timing of the cheques sent by mail)* Cheque – mailed to band office for pick up

For ETFs and Wire Transfers, please attach a void cheque, Direct Deposit form or a screenshot of account details including name **or** complete the information below. (If account documentation is not provided, we may contact you to confirm your banking details.)

Name of Bank: _____

Address of Bank: _____

Transit #: _____

Institution #: _____

Name on Account: _____

Account #: _____

For international wire transfers:

Swift/Business Identifier Code or American Bankers _____

Association (ABA) transit routing number:

Notes:

- If any of the above Payment Methods cannot apply, please contact Eva Miller at eva.miller@cibc.com for an alternative method.
- CIBC Trust assumes no responsibility for the unsuccessful transfer of funds if incorrect information is provided.
- The foreign exchange rate established by CIBC will be used, without exception, for any wires that are completed in any currency other than Canadian dollars.
- Funds sent by EFT can be in Canadian currency only.

I, _____, acknowledge that upon receipt of the above, my entitled Distribution as specified in the
(Please Print Full Name)
Trust Agreement, I hereby grant CIBC Trust Corporation and Sapotaweyak Cree Nation a full receipt and complete discharge and indemnity in respect of said Distribution.

I attest to having received and completed the Financial Training required prior to my application for these funds
_____ *(Please print initials)*

Beneficiary (Minor) Signature: _____ **Date:** _____

Please Note: If the person signing this form is not the named beneficiary within the minor's member list, please forward a signed notarial copy of the documentation authorizing the signee, on behalf of the beneficiary.