



BENEFIT APPLICATION FORM

SIPEKNE'KATIK YOUTH MEMBERS TRUST

PART A: Member Information

Name of Member: _____

S.I.N.: (____)(____)(____)

Date of Birth: ____/____/____
Month Day Year

Band #: 025-_____

Address: _____

Address (include postal code): _____ Phone Number: _____

PART B: Member Certification

I hereby certify that the information shown in PART A is true and correct to the best of my knowledge and belief and that I am eligible for any benefits which may be payable.

Date: _____ Signature of Member: _____

(Please attach a copy of your birth certificate)

PART C: Certification of Band Representative

I hereby certify that the information shown in PARTS A and B are true and correct to the best of my knowledge and belief.

Date: _____ Signature Director of Operations: _____

Signature Band Registry Representative: _____

POSSESSION OF THIS FORM DOES NOT CONSTITUTE ELIGIBILITY FOR BENEFITS

BENEFIT PLAN ADMINISTRATORS (ATLANTIC) LIMITED
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