



Alexander First Nation

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May 15, 2020

NOTICE RE: TOPGAS & OMAC SETTLEMENT PER CAPITA DISTRIBUTION

Chief and Council are writing to inform the members of the Alexander First Nation ('AFN') that AFN's TOPGAS & OMAC Settlement Agreement has been executed by Canada.

A per capita distribution ('PCD') payment in the amount of \$800.00 will be made to all AFN members who are currently active registered members of AFN **as of June 3, 2020**. Due to certain public health orders, and Alexander's Local State of Emergency, we are unable to have a physical distribution of the PCD, but can provide the option for direct deposit or mailed cheque.

Notification will be provided to AFN members once the date of a physical PCD option has been finalized. In the meantime, we are prepared to direct deposit OR mail out cheques for AFN Members who register their mailing address at general@alexanderfn.com in the attached Form 1. ALL FORMS MUST BE PROVIDED BY JUNE 3, 2020 to ensure a timely issuance of PCD with either of the options.

To have your funds via **direct deposit** or have a physical cheque **mailed to you** before a physical distribution, please email general@alexanderfn.com with the attached completed forms, and we shall send the PCD by direct deposit or by mail for those Members who have registered their banking information and mailing address and have met any additional filing requirements (ie., providing two copies of government issued photo identification, Acknowledgement of Trustee, Release and Indemnity Agreement). Otherwise, your PCD cheque will be held until in-person distribution is possible.

Please also be advised that for **members under the age of 18**, parents/guardians or customary caregivers are required to complete an "**Acknowledgement of Trustee, Release and Indemnity Agreement**" and provide a copy to general@alexanderfn.com prior to obtaining a minor's per capita distribution payment. A copy is attached to this notice as **Form 2**.

If there are any guardianship issues or court orders, please submit the necessary paperwork to AFN's membership department as soon as possible.



Please ensure that ALL forms and registrations are completed prior to June 3, 2020 to ensure the timely issuance of your PCD.

Please do not hesitate to contact us via email at general@alexanderfn.com with any questions on the above.

Sincerely,

Alexander First Nation Chief and Council



**FORM 1:
MAILING ADDRESS UPDATE WITH ALEXANDER FIRST NATION**

| | |
|---|---|
| <p>Member Name:* <i>required</i> (Please write clearly)</p> | |
| <p>Dependents: (please list all registered AFN member dependents, if you require additional space, please submit as an addendum to this form)</p> | |
| <p>Treaty Card Number:* <i>required</i> (including for AFN Member dependents, if you require additional space, please submit as an addendum to this form)</p> | <p>NAME: _____ NUMBER: _____</p> <p>NAME: _____ NUMBER: _____</p> <p>NAME: _____ NUMBER: _____</p> <p>NAME: _____ NUMBER: _____</p> <p>NAME: _____ NUMBER: _____</p> |
| <p>Mailing Address:* <i>required</i></p> <p>(It is your responsibility to ensure your mailing address is updated with the Alexander First Nation for any future communication from the Nation)</p> | <p>Address 1/Box: _____</p> <p>Address (Suite, Unit etc.): _____</p> <p>City/Town : _____</p> <p>Province/State: _____</p> <p>Postal/Zip Code: _____</p> <p>Country (if not Canada) _____</p> |
| <p>Parent/Legal Guardian:* <i>(required where applicable)</i> (please ensure complete FORM 2)</p> | |



| | |
|--|---|
| Banking Information: <i>(optional)</i> | Institution No.: _____ Trans: _____ Account: _____ Additional: _____ |
| Email: <i>(optional)</i> | |
| Consent: * required (Choose either mail, Direct Deposit, or neither if you prefer picking it up during PCD distribution date to be determined) | <p>Do you consent to allowing the Alexander First Nation to <u>MAIL</u> a Per Capita Distribution, and to register a mailing and email** address with the AFN Membership Department?:</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p style="text-align: center;"><u>OR</u></p> <p>Do you consent to allowing the Alexander First Nation to <u>DIRECT DEPOSIT</u> a Per Capita Distribution, and to register a mailing and email** address with the AFN Membership Department?:</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> |

By signing the below, you agree to indemnify and hold harmless the Alexander First Nation, their successors, affiliates, subsidiaries, related entities, personal representatives, directors, officers, employees, agents and assigns from any and all cause or causes of action, suits, debts, sums of money, dues, expenses, general damages, special damages, costs, claims and demands of any and every kind and nature whatsoever, at law or in equity.

Signature: _____

Date: _____

Members or legal guardians must provide two copies of government issued photo identification (drivers license, Treaty/status card, passport, identification card, etc.) with this form, to verify identity.

ALL INFORMATION SHALL BE HELD BY THE ALEXANDER FIRST NATION WITH STRICT CONFIDENTIALITY, AND SUBJECT TO ALL PRIVACY LEGISLATION IN FORCE ON THE ALEXANDER FIRST NATION.

**Where appropriate



**FORM 2:
Acknowledgement of Trustee, Release and Indemnity Agreement**

BETWEEN:

ALEXANDER FIRST NATION (the "First Nation")
-and-

(the "Trustee", aka: legal guardian of a member)

WHEREAS:

1. The First Nation has decided to make a one-time per capita distribution ("**PCD**") to each of its members that are born and registered to the Nation prior to PCD date.
2. PCDs for minors who we are not sure who the payment will be paid too, will be held in trust for each minor member until that minor member reaches eighteen (18) years of age.
3. The Trustee is a legal guardian of a member and has agreed to act as the trustee for that member regarding the member's PCD.

IN CONSIDERATION of the payment of the member's PCD of \$ 800.00 (eight hundred dollars and zero cents) to the Trustee, the Parties agree as follows:

1. "**First Nation**" in this Agreement shall be interpreted to include the First Nation, its Chief, its Councillors, officers, employees, administrators, agents, and representatives.
2. The Trustee declares that he or she: is the legal guardian of that member; accepts the position and obligations of a trustee for the member in relation to that member's PCD; and acknowledges that this arrangement is a legal and binding trust relationship for the benefit of the member.
3. **The Trustee has truthfully completed the following attached document and this document forms part of this Agreement:**
 - a. "**Appendix 'A'**" - **Guardian's Acknowledgement of Responsibility**
4. The Trustee understands that the First Nation is relying on the accuracy and truthfulness of the information declared by the Trustee in "Form 1."
5. The Trustee agrees to comply with the laws in effect in relation to acting as a trustee, including but not limited to the *Trustee Act* of Alberta, *Minors' Property Act*, and the *Criminal Code* of Canada, at all times that he or she holds the Minor's' PCD.
6. **The Trustee agrees that he or she is solely responsible for understanding his or her legal duties and obligations for acting as the Minor's trustee. The Trustee agrees that any information, documents, or materials provided by the First Nation, whether verbal or written and including statements contained in "Form 1" is not legal advice. The Trustee is responsible for getting independent legal advice as needed for the Trustee's understanding and fulfillment of his or her legal duties and obligations.**



7. The Trustee agrees to not commence any legal action or make any demands or claims against the First Nation whatsoever in relation to the payment of the member's PCD to the Trustee.
8. The Trustee agrees to defend and fully indemnify the First Nation for all liabilities, demands, damages, costs, including the cost of legal services, and expenses of any kind whatsoever that arise in relation to the payment of the member's PCD to the Trustee and/or for the Trustee's use, management, administration or distribution of the member's PCD.
9. The Trustee further agrees to defend and fully indemnify the First Nation for all liabilities, demands, damages, costs, including the cost of legal services, and expenses of any kind whatsoever should the member or a legal representative for the member bring any legal action, successful or not, in relation to the payment of the member's PCD to the Trustee and/or for the Trustee's use, management, administration or distribution of the member's PCD.
10. Each party has read and understood this Agreement and the attached Form 1.
11. This Agreement may be executed in counterpart and may be signed by facsimile or other electronic means.*
12. This Agreement is governed by and interpreted in accordance with the laws of the Province of Alberta. The parties agree that any dispute must be submitted to the courts of Alberta.
13. This Agreement shall be binding upon the parties and their respective heirs, executors, administrators, successors, trustees and assigns.

IN WITNESS WHEREOF the parties have signed this Agreement this ___ day of _____, 20__.

Per:

Witness name:

Alexander First Nation*
Name and Title:

Witness name:

Trustee

* Note: Signing by counterpart means that this form will be signed by an authorized Alexander First Nation representative when this document is processed.



APPENDIX 'A'
Guardian's Acknowledgement of Responsibility
(Minors' Property Act - section 8)

Guardian to complete one form for each individual minor who is an AFN member

1. This acknowledgment of responsibility is given by:

Name:

Address:

Telephone:

2. This acknowledgment of responsibility relates to the following member.

Members Name:

**Date of
Birth:**

3. I am the member's guardian/trustee because I am (initial the applicable box):

the Member's Mother

appointed guardian by court order dated _____ *(please attach a copy of the order)*

the Member's Father

appointed guardian by the deed or will of the member's parent, _____, who is now deceased, *(please attach a copy of the deed or will)*

Customary care *(please provide attached Appendix 'B', where applicable)*

adoptive parent *(please attach a copy of order)*

I represent and acknowledge the following:

4. I have the power and responsibility to make day-to-day decisions affecting the individual.
5. I request that the Alexander First Nation deliver to me, to hold as trustee for the minor, money or other property of a total value of \$800.00 (eight hundred dollars and zero cents) that Alexander First Nation is holding for the minor.
6. When the minor reaches the age of 18 years I will account to the minor and transfer the balance of the money or property remaining at that time to the minor.



7. I must use the money or other property only for the Minor's benefit in accordance with all applicable laws, including but not limited to the *Trustee Act* of Alberta and the *Minors' Property Act* of Alberta as those laws may be replaced or amended from time to time.
8. I will invest the money or other property in an interest-bearing account and/or other secure or suitable investments.
9. I cannot borrow or take a benefit from the money or other property.
10. I must keep adequate records of my administration of the money or other property.
11. I must keep the money or other property separate from any other money or property.
12. I assume full responsibility for the management of the money or other property on behalf of the minor, including all responsibilities binding on me as a trustee. I will exercise all the powers and authorities of a trustee in accordance with my legal obligations without personal benefit or expectation of payment and in the best interests of the minor.
13. The trust relationship described in this acknowledgment is permanent and cannot be revoked by me.

BY SIGNING THIS ACKNOWLEDGMENT I AGREE TO ACCEPT AND COMPLY WITH LEGAL OBLIGATIONS THAT ARE STRICTLY ENFORCED BY COURTS OF LAW.

DATE:

SIGNATURE OF WITNESS

Name:

SIGNATURE OF GUARDIAN



APPENDIX 'B'
Customary Care Declaration

CANADA) IN THE MATTER OF
PROVINCE OF ALBERTA) THE ALEXANDER FIRST NATION
TO WIT) PER CAPITA DISTRIBUTION

STATUTORY DECLARATION

I, _____, of the _____, in the _____ (province/state), DO SOLEMNLY DECLARE THAT:

1. I am a person who has customary care of a minor of the Alexander First Nation, and I have received written authorization from the legal guardian;
2. The aforesaid minor has the legal name of _____, and is a Registered Indian pursuant to the *Indian Act*, RSC 1985 c.I-5, having the Status Number _____ (the "Minor");
3. I am making an application to receive the per capita distribution for the Minor as approved by the Alexander First Nation pursuant to the Alexander First Nation TOPGAS/OMAC Settlement Agreement; and
4. I have complied with the application process for direct deposit or mailing cheques in relation to the per capita distribution, which was set out in the "NOTICE RE: TOPGAS & OMAC SETTLEMENT PER CAPITA DISTRIBUTION" dated May 15, 2020.

AND I make this declaration believing it to be true and knowing that it is of the same force and effect as if I make under oath and by virtue of the *Canada Evidence Act*, RSC, 1985, c. C-5.

DECLARED before me at _____, in the Province/State of _____, this _____, day of _____, 20_____.

PER: _____

[PRINT NAME]

COMMISSIONER OF OATHS

