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, _____, from _____ , in the
(PRINT NAME) (CITY/TOWN/RESERVE)
province/state of_____. DO SOLEMNLY DECLARE THAT:
(PROVINCE/STATE)

1. I am a person who has customary care of a minor registered with 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 PCD requirements for the December 9th, 2025 Distribution; and

4. I have complied with the application process for pick up or direct deposit or mailing cheques in relation to the Per Capita Distribution, which was set out in the "NOTICE RE: Alexander First Nation PCD Distribution Poster" dated November 7, 2025.

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
_____, on this_____, day of, _____202___

Per:_____(Signature)

SIGNATURE HERE

_____ _____

COMMISSIONER OF OATHS [Print name]

STAMP HERE