M'CHIGEENG FIRST NATION
RHT LEGAL FEES REIMBURSEMENT
RELEASE AND DISCHARGE FORM

You are eligible for the Robinson Huron Treaty Legal Fund Reimbursement Per Capita Distribution 3 (PCD 3) - If you are **ALIVE** and **ENTITLED** to have your name on the Indian Registry List as of **September 9th, 2023.**

Personal Information * *ALL INFORMATION MUST BE FILLED OUT & COMPLETE**

Full name as it appears on your Certificate of Indian Status (status card):	
Address: (street number, street name, city, province/state, postal/zip code:	
Primary phone #:	**Alternate phone #:**
E-mail address:	**Certificate of Indian Status # (10 digits):**

How would you like to receive your payment?

☐	Direct Deposit to **same** account as the Top Up 2 was paid
☐	Direct Deposit to a **different** account as the Top Up 2 was paid *please attach your void cheque if selecting this option
☐	Cheque by registered mail

PEACE HILLS WILL ONLY ACCEPT A VOID CHEQUE OR BANK STAMPED DEPOSIT FORM

PLEASE BE AWARE THE PEACE HILLS WILL BE CALLING AND VEREFYING YOUR IDENTIY BEFORE THEY WILL ISSUE PAYMENT

If you are providing new banking information, it must be a void cheque or stamped direct deposit form.

Please provide 2 valid pieces of ID (1 must be photo)

IN CONSIDERATION of the Legal Fees PCD payment to me, I hereby irrevocably release, indemnify and absolutely discharge **M'CHIGEENG FIRST NATION** including its Chief and Council; **PEACE HILLS TRUST COMPANY** in their capacity as Trustees of the M'Chigeeng First Nation Custodial Trust (collectively, "the **Releasees**") in their respective personal, corporate and fiduciary capacities, of, from and for any and all losses, claims, damages, actions and demands whatsoever against any of the Releasees in respect of the Legal Fees PCD 3 payment which I have, had, or may in the future have, including the costs and expenses of any claims, actions and demands and all interest, damages, fines and penalties and all reasonable legal fees and expenses incurred in connection with the Legal Fees PCD 3 payment.

I ACKNOWLEDGE AND AGREE that the provisions of this document shall be binding on my heirs, executors, administrators, substitute decision makers, attorneys, guardians, successors and assigns, and shall inure to the benefit of the heirs, executors, administrators, substitute decision makers, attorneys, guardians, successors and assigns of each of the Releasees.

I CONFIRM that:

(a) I have attained the age of 18 years; and

(b) I have either obtained independent legal advice with respect to the terms of this document or have had the opportunity to obtain independent legal advice and have elected not to do so.

IN RELATION TO THE LEGAL FEES PCD 3 PAYMENT, I represent and warrant that:

(c) I: *(please check one)*

- ☐ am signing this Release on my own behalf; **OR**
- ☐ am the Court-appointed or ISC-appointed substitute decision-maker/guardian/committee for the individual; **OR**
- ☐ am the estate trustee, executor or administer of the estate of an individual who died after September 9, 2023;

(d) I have not assigned to any person or entity any of my rights to the Legal Fees PCD 3 payment;

(e) I have not accepted and will not accept payment from another First Nation that in any way relates to or is in connection with the Historic Annuity Claim. Doing so renders this Release unilaterally voidable by M'Chigeeng and I agree to return all amounts paid to me under this Release in full, plus interest, costs and reasonable legal fees; and

(f) This Release may be executed electronically and in counterparts.

I agree to provide Peace Hills Trust with documentation to verify the representations and warranties I made above.

Signature **MUST** be your authentic original signature and NOT a computer- generated signature. If you need to print to sign, please ensure you SCAN or take a photo of your completed form. Email **ALL** your banking information, one (1) photo ID (with visible signature) and this form to: mfn@peacehills.com

Qualifying Recipient Name (Print): _____

Signature:_____ Date_____

Witness Name (Print): _____

Signature:_____ Date_____

Phone number: _____ Email: _____