



### REQUEST FOR THE RELEASE OF A MINOR'S TRUST FUND

**PRIVACY ACT STATEMENT**

The information you provide in this document is collected under the authority of the *Indian Act* for the purpose of supporting the administration of estates of First Nation individuals. Information on individuals is used by employees of the Indian and Northern Affairs Canada Estates program who need to know the information in order to respond to the program requirements. We do not share the personal information. Individuals have the right to the protection of and access of their personal information under the *Privacy Act*. <http://lois.justice.gc.ca/en/P-21/index.html>

To receive your Minor's Trust Fund, please complete this form two (2) months prior to your 18<sup>th</sup> birthday and return the form to the Department of Indian and Northern Affairs Canada at the following address:

Indian and Northern Affairs Canada  
Estates and Trusts  
630; 9700 Jasper Avenue  
EDMONTON AB T5J 4G2

**PLEASE INCLUDE A PHOTOCOPY OF PHOTO IDENTIFICATION THAT DISPLAYS YOUR PICTURE AND SIGNATURE**

NAME OF MINOR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF BAND: \_\_\_\_\_

TREATY NUMBER: \_\_\_\_\_

To receive a copy of your Account History Report, please provide your contact information:

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS OF FINANCIAL INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

Please have your financial institution stamp in the appropriate area below to verify your account number and that the name on the account matches the name of the minor and to VALIDATE that the ACCOUNT identified is NOT A JOINT ACCOUNT

In place of a bank stamp; a personalized VOID cheque may be accepted.

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Signature of Financial Institution Representative

PLACE BANK STAMP HERE