



INDIVIDUAL TRUST ACCOUNT PAYOUT REQUEST (UNDER THE *INDIAN ACT*)

Privacy Statement

This statement explains the purposes and use of your personal information. Only information needed to respond to program requirements will be requested. Collection and use of personal information is in accordance with the *Privacy Act*. In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The collection and use of your personal information for the Payout of Individual Trust Accounts is authorized by subsection 52.3 (1) of the *Indian Act* and is required for your participation. We will use your personal information for determining if funds are being held in a trust account and whether those funds are eligible to be dispersed, pursuant to subsection 52.3 (1) of the *Indian Act*. The information collected, as described in Personal Information Bank AANDC PPU 125, Individual Trust Fund Accounts at [InfoSource](http://www.aandc-aadnc.gc.ca/eng/1100100011039/1100100011040) (<http://www.aandc-aadnc.gc.ca/eng/1100100011039/1100100011040>), will be retained by Indigenous Services Canada (ISC) for 30 years from the date of issuance and is then transferred to Library and Archives Canada for an indefinite retention period. As stated in the *Privacy Act*, you have the right to access your personal information and request changes to incorrect information. Contact our office at 1-800-567-9604 to notify us about incorrect information or withdraw participation after submitting your information. For more information on privacy issues and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376.

NOTICE TO APPLICANTS ▶	Not completing or signing the necessary sections of this form, or not providing the required documentation, may result in a delay in processing the request, or it being rejected.	Please communicate with me in <input type="radio"/> English <input type="radio"/> French
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Section 1. Personal Information

Family Name	Given Names	Alias (if applicable)	
Family Name at Birth (if different from above)	Date of Birth (YYYYMMDD)	Registration Number	Were you adopted? <input type="radio"/> Yes <input type="radio"/> No

Mailing Address (Number, Street, Apartment, P.O. Box)

City/Town	Province/Territory (Canada)	State (USA)	Postal/ZIP Code
Telephone No. (Daytime)	Telephone No. (Other/Cell)	Email Address	If follow-up is required, contact me by: <input type="radio"/> Telephone <input type="radio"/> Email

Section 2. Supporting Identity Documents

Provide a copy of one of the following documents. Each must:

(1) Be currently valid. **(2)** Be issued by a federal or provincial/territorial/state authority. **(3)** Include your name, photograph and signature.

- Canadian/U.S. Passport
- U.S. Passport Card
- NEXUS or FAST card
- Provincial/Territorial Health Card
- Certificate of Indian Status
- Canadian/U.S. Military Identification Document
- Provincial/Territorial/State Driver's Licence
- Federal/Provincial/Territorial/State Identification Card
- Valid Secure Certificate of Indian Status (or expired less than 12 months)
- Federal/Provincial/Territorial/State Employee Identification Card

Payment Method ▶ <input type="radio"/> Direct Deposit <input type="radio"/> Cheque	Applicant Signature	Date (YYYYMMDD)
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Section 3. Direct Deposit Options ▶ Complete A or B (ONLY available to Canadian residents)

A. Void Cheque ▶ Attach a void cheque and complete the information below.

Financial Institution Name	Mailing Address (Number, Street, Apartment, P.O. Box)		
City/Town	Province/Territory	Postal Code	
If identified bank account is a joint account, BOTH account holders MUST sign this form ▶	Signature Account Holder (1)		Signature Account Holder (2)

B. Financial Institution ▶ To be completed by the respective financial institution.

Transit Number	Institution Number	Account Number	Bank stamp
Financial Institution Representative			
Name	Signature	Date (YYYYMMDD)	