



# Clench Fraud Minor Members Trust

Congratulations! You are now eligible for the Clench Fraud Trust distribution payment should you have:

- a) graduated from high school, on his eighteenth birthday;
- b) not graduated from high school, but is 21 years of age; and
- c) graduated from high school after his eighteenth birthday but before his twenty-first birthday, on the day of his graduation from high school.

The one thousand five hundred dollars plus accumulated interest shall be paid to that member:

In order to receive your “Minor” distribution payment you need to complete the attached Minors Distribution Payment Request and Declaration Form as well as the payment direction form if you would like your cheque directly deposited into your bank account. Please mail or drop off your completed form(s) in a sealed envelope to:

Clench Fraud Trust  
641 Jubilee rd  
Muncey, Ontario  
NOL IYO

You **must** also include the following:

- i. A copy of the Front and Back of your status card;
- ii. A copy of your High school diploma (if under the age of 21);

Once all the required information is received, the Clench Fraud Trust General Manager will verify all information and prepare a payment authorization to be signed by the Clench Fraud Trustees. The signed authorization is then faxed to TD Waterhouse Group, who prepares for the cheque release from TD Headquarters in Toronto, Ontario where cheques are mailed or direct deposits are made.

\*\* Please note that cheques are not issued from the Clench Fraud Trust office. Please allow up to 4 weeks for receipt of your payment.

If you have any questions, please feel free to contact Greg Plain at the Clench Fraud Trust office by email at: [greg.plain@clenchfraudtrust.ca](mailto:greg.plain@clenchfraudtrust.ca) or phone 519-264-2626.



## Minors Distribution Payment Request Form

Legal / Registered Name of Recipient: \_\_\_\_\_

Band Number of Recipient: \_\_\_\_\_

Mailing Address of Recipient: \_\_\_\_\_

Phone Number of Recipient: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Yes, Please keep my contact information on file for future contact**

### **DECLARATION**

In accordance with the terms of section 6.11 of the Clench Fraud Trust Agreement, this notification will confirm that I, \_\_\_\_\_ born on \_\_\_\_\_

have now qualified to receive my per capita payment and have provided the following information:

- Ontario Secondary School Diploma;
- A copy of the Front and Back of my Status Card.

I FURTHER HEREBY DECLARE that:

- I am the above noted Payee and I confirm that my legal or registered name and my Band number is as indicated above.

*By signing this document, I acknowledge that as the above noted Payee, I am to receive the Per capita payment as per section 6.10 of the Clench Fraud Trust Agreement ("the Trust"), and I Hereby grant to the Trustees of the Clench Fraud Trust a full, final and complete discharge in that respect and release the said Trustees from all further accounting and responsibility in this matter.*

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2011

\_\_\_\_\_  
Print Name of Payee

\_\_\_\_\_  
Signature of Payee

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Witness



**Clench Fraud Trust  
TD Account #5100363**

**PAYMENT TO QUALIFIED BAND MEMBER**

**TO:** TD Waterhouse

In accordance with terms of Section 6.11 of the Clench Fraud Trust Agreement, this notification is to confirm that \_\_\_\_\_ Born on \_\_\_\_\_ is qualified to receive his/her payment.

Please release the amount of \$1,500 from Minors Capital account, plus all accrued interest, to the aforementioned individual as per the following instructions:

Payee:

Method of Payment (Please check one):

A)  Cheque to:

B)  Direct deposit: Account No. \_\_\_\_\_  
Transit No.    Inst No.    Account No.

The following information has been submitted and attached:

Copy of Status Card (front and back)

Copy of Birth Certificate

Copy of Transcripts of O.S.S.D

AND FOR SO DOING, this shall be your good, sufficient and irrevocable authority.

DATED as of the \_\_\_\_\_ day of \_\_\_\_\_, 2011

Each as Trustee of **THE CLENCH FRAUD MINOR'S TRUST**

\_\_\_\_\_  
Clinton Albert

\_\_\_\_\_  
R. Shane Fisher

\_\_\_\_\_  
Monty McGahey II

\_\_\_\_\_  
Council Representative

\_\_\_\_\_  
Kristen Hendrick

\_\_\_\_\_  
Council Representative

\_\_\_\_\_  
Leslee White-Eye

\_\_\_\_\_  
Witness (as to all)



**Clench Fraud Trust**

641 Jubilee Rd  
 Muncey, Ontario N0L1Y0  
 519-264-2626  
 Fax: 519-264-2628  
 www.clenchfraudtrust.ca

**Verification of  
 Registration Date for  
 Chippewa of the Thames  
 First Nation Band Member**

Please Print for Type

**Section 1. Applicant Information**

Name	D.O.B(month/day/Year)
Mailing Address (Number, Street, PO Box, RR or Apt No.)	
City, Town or Village	
Province/State and Country	Postal/Zip Code

Applicants Signature	Date (month/day/year)
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**Section 2. Verification of Membership and Registration Date (To be completed by Band Membership Clerk or Department of Indian Affairs official)**

Applicants Band Number	Applicants Membership Registry Date
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**CERTIFICATION: I attest that I have examined the document(s) that verify when the above-named Chippewa of the Thames Band Member was registered with the Department of Indian Affairs of Canada.**

Signature of Authorized Representative	Print Name Beulah Kechego	Title Indian Registry Administrator
Organization Name Chippewas of the Thames First Nation	City and Province Muncey, Ontario	Date (month/day/year)