



# Elders Monthly Supplement Form for Members of Peerless Trout First Nation

## **PTFN Trust – Elders Monthly Supplement Form**

Name of Applicant: \_\_\_\_\_

Treaty Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*(Proof of age & PTFN Membership to be verified with PTFN membership)*

### **Please choose one of the following for payment:**

- I prefer to have my Supplement direct deposited; I have attached my banking info
- I prefer to have my Supplement made out in Cheque.
- I prefer to have my Supplement deposited in a third-party account (ie: family) (please attached the third-party consent form)

Please attach a **void cheque** to have the funds deposited to your bank account. Please return form by the following methods: drop off at the PTFN Trust Department or emailing to [esther.netowastanum@ptfn.net](mailto:esther.netowastanum@ptfn.net). Payments are subject to staff processing availability, please allow time for processing. If you would like your benefit deposited in a third-party bank account (ie. Family) please submit consent form. Each eligible member will receive \$150/month. For more information, please call 780-649-5887.