



Mamalilikulla First Nation

168-1436 Island Highway, Campbell River BC V9W 8C9

(ph) 250-287-2955 (fax) 250-287-4655 toll free 1-888-287-2955

financeclerk@mamalilikulla.ca

October 5th, 2026

Attention: Membership

Re: Community Distribution Registration

Each member of the Nation 18 years of age and older is required to complete the attached application form and return it to our office. This includes couples who are both registered band members of the Nation – each spouse must complete their own application.

If there are minor children, one parent or guardian is to include the children in their application. Any custody or guardianship documentation must be submitted with the completed application.

Banking information: If you select EFT (direct deposit), please provide a void cheque or a bank issued direct deposit form with your application, even if your banking information has not changed.

Debts owed to the Nation: If you owe the Nation for any reason, it will be deducted from your distribution.

A note on privacy: All personal and banking information collected is used solely to administer distributions, is kept confidential, and is stored securely by the Finance department.

Please complete and return your application by **November 5th, 2026**, via Canada Post, in person at the band office, or by email to financeclerk@mamalilikulla.ca. To help ensure you are paid on time, please send all payment requests directly to this email. Anything sent to a different email address may be missed and could result in a delay or missed payment. Please note that distribution payments cannot be issued until a completed application has been received.

Kind regards,

Jessica Mountain
Finance Clerk



MAMALILIKULLA FIRST NATION

2026 COMMUNITY DISTRIBUTION APPLICATION FORM

***NOTE*: EACH REGISTERED MEMBER OF MAMALILIKULLA FIRST NATION AGED 18 YEARS OF AGE OR OLDER MUST COMPLETE AN APPLICATION FORM TO RECEIVE A DISTRIBUTION.**

ANY OUTSTANDING AMOUNTS OWED TO MAMALILIKULLA FIRST NATION WILL BE DEDUCTED FROM YOUR DISTRIBUTION PAYMENT. IF YOU HAVE QUESTIONS, PLEASE CONTACT THE FINANCE DEPARTMENT.

APPLICANT INFORMATION:

Full Legal Name: _____

Status #: _____

Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

MINOR CHILDREN:

*List all minor children in your custody/care on whose behalf you are applying for a distribution.

*Note: **proof of legal guardianship and/or proof of custody must be provided** with this completed application form and must be verified by Mamalilikulla First Nation before payments will be processed.

Full Legal Name	Status #	Date of Birth	Relationship to Applicant

METHOD OF PAYMENT:

Cheque ☐ Direct Deposit* ☐

*You must provide a void cheque or direct deposit form, even if your banking information has not changed

ACCEPTANCE OF RESPONSIBILITY, WAIVER, AND INDEMNITY IN RESPECT TO MINOR CHILDREN:

****NOTE: *PLEASE REVIEW CAREFULLY AS THIS SECTION OF THE APPLICATION MAY AFFECT YOUR LEGAL RIGHTS***

To be completed by the Applicant: Please place your initials in the spaces indicated below to confirm that by signing this application form below, you understand, agree, and acknowledge the following:

Initial ____: By signing this application form below, I confirm that I am a registered member of the Mamalilikulla First Nation and am eligible to receive a distribution.

Initial ____: By signing this application form below, I acknowledge and agree that I am the parent or legal guardian of each of the minor children listed above, and that each of the minor children listed above resides with me and is lawfully in my custody/care.

Initial ____: By signing this application form below, I acknowledge and agree that I am required to use all of the distribution funds received on behalf of the minor children listed above solely for their benefit, maintenance and upbringing.

Initial ____: By signing this application form below, I acknowledge and agree that I am solely responsible and liable for the use and management of all distribution funds received by me on behalf of the minor children listed above.

Initial ____: By signing this application form below, I acknowledge and agree that if I fail to use and manage the distribution funds for the minor children listed above solely for their benefit, maintenance, and upbringing, the child(ren) may have the legal right to pursue a claim against me, including court proceedings, to recover those funds once they reach the age of majority.

Initial ____: By signing this application form below, I agree to release and waive any and all claims that I have, may have, or have ever had against Mamalilikulla First Nation of any nature relating in any way to any and all distributions applied for and/or received on behalf of the minor children listed above.

Initial ____: By signing this application form below, I agree to indemnify and save harmless the Mamalilikulla First Nation, its Council, staff, employees, agents and all others on behalf of the Mamalilikulla First Nation against any loss, damages, claims, expense, or or liability of any kind relating to the management or use of any distributions received by me on behalf of the minor child(ren) listed above.

Initial ____: By signing this application form below, I confirm that I have read this application form and know and fully understand its contents, and I have had the opportunity to obtain independent legal counsel regarding the contents of this application form and in particular the consents, waivers, and indemnities set out above.

SIGNATURE OF THE APPLICANT:

This application form must be signed by the Applicant in the presence of a witness. Both the Applicant and witness must sign and print their names below where indicated. Please add the date that the application form was signed below.

Date: _____

Witness Signature:

Applicant Signature:

Witness Name (print):

Applicant Name (print):

*****Completed application form must be submitted with the following documentation:*****

- ☐ ID Documentation (for minor children, please provide copies of their health cards)
- ☐ Where applicable, proof of guardianship documentation;
- ☐ Where applicable, proof of custody documentation;
- ☐ Where applicable, direct deposit information

To be completed by Mamalilikulla Administration Staff:

Dependents verified by

Application approved by

Date: _____

Date: _____

WHY WE ASK FOR YOUR INFORMATION EVERY YEAR

Some members have asked why we request a new application each year. An annual application ensures cheques will be mailed to the correct address, that EFT payments will go into the correct account and that each eligible member gets paid as quickly as possible. The main reasons are:

1. **Joint accounts and relationship changes:** Many members hold joint accounts with a spouse or partner. When relationships end, payments deposited to a joint or ex-partner's account can be lost to the member and are very difficult to recover.
2. **Closed or switched accounts:** Members sometimes close accounts or change banks without notifying our office. Payments sent to closed accounts are rejected or delayed, which slows down your distribution.
3. **Uncertainty about what is on file:** Members often cannot recall which account they provided in the previous year. Annual confirmation removes the guesswork for everyone.
4. **Minors turning 18:** Distributions for minor children are paid to the parent or guardian (unless the parent or guardian has opted into our Funds Held In Trust program). Once a child reaches the age of majority, payment must go directly to them, which requires their own application and banking information.
5. **Custody or guardianship changes:** Where custody arrangements change, the parent or guardian are entitled to receive a child's distribution may also change. Annual applications, with supporting documentation, ensure funds go to the correct person.
6. **Legal name changes:** Marriages, divorces, and other name changes can cause a mismatch between the payee's name and the account holder's name, which banks may reject.
7. **Bank-side changes:** Bank mergers, branch closures, and account migrations can change transit and account numbers even when the member has done nothing.
8. **Deceased members and estates:** Annual registration helps identify situations where a payment should be redirected to an estate rather than deposited into an account that should be frozen.
9. **Fraud prevention and accountability:** A signed application each year creates a clear, member-authorized record of where funds were directed. This protects both the members and the Nation if a payment is ever questioned and supports our audit requirements.
10. **Fewer failed payments and lower costs:** Tracing bounced deposits, reissuing cheques, and correcting misdirected payments costs staff time and delays payments to members. Verifying information up front prevents these problems.
11. **Current contact information:** The annual form also refreshes your address, phone number, and email, which we need to deliver cheques and other important correspondence.