



## Payment Instruction, Discharge, Release and Indemnity

**IN THE MATTER OF THE** George Gordon First Nation Sōniyāskaw Trust Agreement dated for reference April 17, 2025, between George Gordon First Nation as represented by its Band Council and Royal Trust Corporation of Canada as Trustee (collectively, the “Trust”).

Under the current Anti Money Laundering legislation, Government of Canada requires Royal Trust to collect the following information from Members receiving Per-Capita Distribution (“PCD”) payments. The information provided will remain private and confidential in accordance with the Freedom of Information and Protection of Privacy Act and will only be used for the PCD purposes.

I, \_\_\_\_\_ (full legal name),  
also known as \_\_\_\_\_,  
resident of \_\_\_\_\_, in the Province/State of \_\_\_\_\_,  
I am the authorized personal representative (the “Representative”) of \_\_\_\_\_  
\_\_\_\_\_  
(full legal name of recipient of payment) (the “Qualified Member”) and

I STATE THE FOLLOWING:

1. The Qualified Member was a Member of George Gordon First Nation on the George Gordon First Nation’s Treat 4 Agricultural Benefits and Ammunition and Twine Settlement Agreement Ratification Vote date of April 4, 2025.
2. Member is therefore eligible for a payment of Fifty Thousand Canadian dollars (CA\$50,000.00) made pursuant to the terms of the Trust (the “PCD”).
3. I am the authorized representative of the Member as demonstrated by:

**For Estate of Deceased Qualified Member:**

- ☐ an Order made under the Indian Act appointing me as executor or administrator of the Qualified Member’s estate; OR
- ☐ a provincial grant of probate from the province/State in which the Qualified Member resided; OR
- ☐ a Notarial Will made in Quebec where the Qualified Member resided; OR

**For Management of Property of an Incapable Qualified Member:**

- ☐ an enduring power of attorney for property (or equivalent document from the province in which the Qualified Member resides); OR
- ☐ an Order made under section 51 of the Indian Act appointing me as administrator of the property of the Qualified Member; OR
- ☐ a Court order from the province in which the Qualified Member resides appointing me to manage the property of the Qualified Member.

**Attached is a true copy of the above-noted copy.**

4. The Qualified Member's date of birth is \_\_\_\_\_.  
(yyyy-mm-dd)
5. The Qualified Member's Status Number is \_\_\_\_\_.
6. The Qualified Member's residential address (physical address, not PO box) is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
7. My (the Representative) residential address (physical address, not PO box) is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
8. My (the Representative) mailing address is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
9. My telephone number is \_\_\_\_\_.
10. My email address is \_\_\_\_\_.
11. My Tax Residence is \_\_\_\_\_.

Tax Residence refers to the province or state you reside in when you file your tax returns. If you reside outside of Canada and file a Canadian tax return, please provide the province or territory for the tax

package that you use. If you reside permanently outside of Canada, RBC Royal Trust recommends you consult with your tax advisor regarding reporting requirements in your jurisdiction.

12. I do not require, nor have I received, the services of a translator regarding this Payment Instruction, Discharge, Release and Indemnity.

13. I am executing this Payment Instruction, Discharge, Release and Indemnity under seal of my own free will and volition.

14. I am executing this Payment Instruction, Discharge, Release and Indemnity conscientiously believing all facts set out herein to be true.

**NOW THEREFORE,**

15. I hereby authorize and direct Royal Trust to make the Payment to the Qualified Member by:

- ☐ **Electronic Funds Transfer (EFT)**, into the bank account of the Qualified Member identified as follows (please attach a bank-validated direct deposit form (stamped and signed) or a VOID cheque and complete the information below):
- Financial Institution Name: \_\_\_\_\_.
- Financial Institution Address: \_\_\_\_\_.
- Financial Institution Number (3 digits): \_\_\_\_\_.
- Branch Transit Number (5 digits): \_\_\_\_\_.
- Bank Account Number: \_\_\_\_\_.

\* For USA or international wires, please also provide:

SWIFT/SORT Code: \_\_\_\_\_.

ABA/Routing number: \_\_\_\_\_.

IBAN (International Only): \_\_\_\_\_.

Additional wire information: \_\_\_\_\_.

Please note that foreign exchange will apply for USA or international wire payments. The exchange rate will be determined at the time of wire transfer.

16. George Gordon First Nation and RBC Royal Trust assumes no responsibility for the unsuccessful transfer of funds if incorrect information is provided.

17. The foreign exchange rate established by RBC will be used, without exception, for any wires that are completed in any currency other than Canadian Dollars.
18. Funds sent by EFT can be in Canadian currency only.
19. I hereby agree that, upon my receipt of the Payment on behalf of the Qualified Member consistent with these instructions, the Qualified Member, by me as authorized representative of the Qualified Member, grant to George Gordon First Nation and Royal Trust Corporation of Canada a full, final and complete discharge with respect to the payment and release George Gordon First Nation and Royal Trust Corporation of Canada from any further obligation to account to me or the Qualified Member or to make a distribution to the Qualified Member in connection with the Payment.
20. The Qualified Member, by me as authorized personal representative of the Qualified Member, hereby agree to indemnify George Gordon First Nation and Royal Trust Corporation of Canada, including the directors, officers, employees, and agents of Royal Trust Corporation of Canada (collectively the “Indemnified Parties”), and save them harmless from any and all liability, losses, damages, costs (judicial or not), charges and other expenses of any kind or nature arising at any time directly or indirectly out of or in consequence of any action, proceeding, account, claim or demand which may be imposed upon, or incurred by, any one or more of the Indemnified Parties in relation to the making of the Payment out of the Trust to the Qualified Member and Royal Trust acting upon the payment instructions contained herein.
21. I agree that, in accepting this Payment:
- a. I am receiving a portion of the Settlement Funds settled to the Trust pursuant to the George Gordon First Nation Treaty 4 Agricultural Benefits and Ammunition and Twine Benefits Settlement Agreement with the Government of Canada, which was ratified by the members of George Gordon First Nation on April 4, 2025; and

- b. I am granting to the George Gordon First Nation and the Trustee a full, final release and complete discharge with respect to the distribution of the Payment from a portion of the George Gordon First Nation Treaty 4 Agricultural Benefits and Ammunition and Twine Benefits Settlement Compensation as a Per-Capita Distribution, and further release George Gordon First Nation, its Chief and Council, agents and employees, and the Trustee and their respective successors, heirs, executors, administrators, estate trustees and assigns from all further accounting and responsibility in this matter.
22. I hereby acknowledge that I have had the opportunity to seek independent legal advice with respect to my execution of this Payment Instruction, Release, Discharge and Indemnity and confirm that I have either done so or have chosen of my own free will not to do so.
23. I am executing this Payment Instruction, Release, Discharge, and Indemnity under seal and intend to adopt the pre-printed mark contained by my signature as my seal so as to bind myself and the Qualified Member to the terms of this Payment Instruction, Release, Discharge, and Indemnity.
24. Any part, provision, term or declaration of this Payment Instruction, Release, Discharge and Indemnity which is prohibited or which is held to be void or unenforceable shall be ineffective to the extent of such prohibition or unenforceability without invalidating the remaining parts, provisions, terms or declarations hereof.
25. I agree that (i) this Payment Instruction, Release, Discharge, and Indemnity may be delivered electronically and that the Qualified Member and I are immediately and unconditionally bound upon such electronic delivery, and (ii) that a faxed, scanned, or otherwise electronically delivered copy of this executed Deed shall be deemed to be an original.

**In Witness Whereof** I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

SIGNED in the presence of

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

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Print First and Last Name  
In my capacity as Authorized Personal  
Representative of the Qualified Member

\_\_\_\_\_  
Address of Witness

<b>For Office Use Only</b>
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☐ Application is fully completed.

☐ Member is on the PCD list or  
approved by BCR.

☐ Two pieces of valid ID verified.

☐ Bank-validated direct deposit form  
(stamped and signed) or void cheque  
attached and verified – must include  
the Member's name.

\_\_\_\_\_  
Signature of band officer

\_\_\_\_\_  
Print First and Last Name