



Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA / P-PU-020 and is protected under the provisions of the Privacy Act.

I, _____ of _____
(Mailing Address)

agree to act as trustee for _____, Family No. and Band Name _____
(Name of recipient)

_____, with the understanding that Social Assistance to which he/she is eligible will be issued to me on his/her behalf.

I agree to make a report substantiated with receipts, upon request by the Administrative Authority, showing the manner in which the Social Assistance was spent for the benefit of the recipient and dependents.

Signature of Recipient

Date

Signature of Trustee

Date

Signature of Witness

Date

Approved by _____
(For Administrative Authority)

Date

Original to: ► Administrative Authority Copies to: ► Client File, Third Party Administrator