YELLOWKNIVES DENE FIRST NATION
PO Box 2514, Yellowknife, NT X1A 2P8
Tel. 867-873-4307 Fax 867-873-5969
Email payouts@ykdene.com

Release of YKDFN Child(ren)'s Membership Payment

Incomplete application will be rejected

The Yellowknives Dene First Nation (YKDFN) Chiefs and Council approved a Membership Payment of TWO HUNDRED FIFTY DOLLARS ($250.00) for each eligible registered YKDFN Member Minor under eighteen (18) years of age. Eligibility is determined by the CIRNAC ISC Membership Registration Record dated November 3, 2026. Members registered after date, are not eligible for this payment.

Requirements to Release Membership Payment

To request the release of a YKDFN Child(ren)'s Membership Payment, please complete this application in full and provide the required consent and supporting documentation.

Requirements:

- ☐ Complete all required sections of the Application;
- ☐ Select a Payment Disbursement Option indicating how the Membership Payment is to be issued or held;
- ☐ Select a Payment Method and provide EFT (Direct Deposit) information of receiving individual;
- ☐ Both Parents must provide their consenting signatures authorizing the release and/or selected disbursement of the Child(ren)'s Membership Payment; or
- ☐ If both Parents do not consent or are not in agreement regarding the release of the Child(ren)'s Membership Payment, the funds will be held in the YKDFN Trust Account until the Child(ren) reaches eighteen (18) years of age. Upon reaching eighteen (18) years of age, the Child must submit their own application to YKDFN requesting the release of the funds held on their behalf; or
- ☐ Where an Applicant has sole Legal Custody and/or Guardianship of the Child(ren), identified and listed in this application, current and valid legal supporting documentation must be submitted to YKDFN. Updated documentation must be provided each year that an application is submitted.
- ☐ Acceptable supporting documentation may include:
  - ☐ Court Order / Custody Order / Guardianship Order or other legal guardianship documentation;
  - ☐ Child and Family Services documentation confirming care and custody;
  - ☐ Other official documentation satisfactory to YKDFN confirming the Applicant's legal custody, guardianship, or authority and responsibility for the Child(ren).
- ☐ Proof of Identification with valid government issued photo ID
- ☐ Submit completed forms to:

  YKDFN Finance Department, Dettah Administration Office
  or Email payouts@ykdene.com

Important Notice: Use of Funds, Misrepresentation and Disputes

The Membership Payment is intended solely for the benefit of the Child(ren). Any false, inaccurate, or misleading information, or any misrepresentation regarding the care, custody, or guardianship of the Child(ren), provided by an Applicant who receives a Membership Payment may result in YKDFN withholding future disbursements otherwise payable to the Applicant until the full amount improperly received has been recovered. Where a dispute arises regarding eligibility, entitlement, custody, guardianship, or the issuance of a Membership Payment, the matter will be referred to the YKDFN Chiefs and Council for review and final decision.

Incomplete applications will be rejected and will not be processed for payment. Applications must contain all required information, consenting signatures, and, where applicable, supporting custody and/or guardianship documentation.

YKDFN reserves the right to request additional documentation or verification where necessary before releasing any Membership Payment. Where the requirements for release of the Child(ren)'s Membership Payment cannot be satisfied, the funds will be held in the YKDFN Trust Account until the Child(ren) reaches eighteen (18) years of age, in accordance with YKDFN's applicable Membership Payment requirements.

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Adult Applicants and Contact Information

Adult Applicant 1- Parent/Legal Guardian of Child(ren)

Full Legal Name: _____ Relationship to Child(ren): ☐ Parent ☐ Legal Guardian

Mailing Address: _____ ☐ Other: _____

City, Terr/Prov: _____ Date of Birth: (M-D-Y): _____

Postal Code: _____ Treaty Registration # _____

Phone #: _____ Social Insurance Number: _____

E-mail: _____

Adult Applicant 2- Parent/Legal Guardian of Child(ren)

Full Legal Name: _____ Relationship to Child(ren): ☐ Parent ☐ Legal Guardian

Mailing Address: _____ ☐ Other: _____

City, Terr/Prov: _____ Date of Birth: (M-D-Y): _____

Postal Code: _____ Treaty Registration # _____

Phone #: _____ Social Insurance Number: _____

E-mail: _____

YKDFN Child(ren) Membership Payment List

	YKDFN Child(ren) Full Legal Name:	Date of Birth: (M-D-Y)	Treaty Registration #:
1			
2			
3			
4			
5			
6			

Payment Disbursement Option

Please choose one option only:

☐ Option 1: Issue payments for all Child(ren) listed above to one (1) Parent

Enter Parent Name: _____

☐ Option 2: Issue payment to Individual Child(ren) listed above: (ensure their bank account is provided)

Enter Child's Name: _____

☐ Option 3: Hold Child(ren)'s Membership Payment in YKDFN Trust Account

I/We hereby instruct Yellowknives Dene First Nation (YKDFN) to hold the above Child(ren)'s funds in the YKDFN Trust Account until the Child(ren) reaches the age of eighteen (18). Upon reaching the age of eighteen (18), the Child(ren) must submit their own application to YKDFN to release their funds.

Payment Method

Please choose one only:

☐ EFT (Direct Deposit) – YKDFN Standard Payment Method.

Bank Institution: _____ Institution #: (3 digits) _____

City, Terr/Prov: _____ Br./Transit #: (5 digits) _____

Please attach: ☐ Direct Deposit Form ☐ Void Cheque Account #: (7 digits) _____

☐ Cheque – Only exceptional circumstances and subject to YKDFN Approval.

Cheque issuance will be delayed, and your bank will hold up to 10 business days.

Adult Applicant Declaration, Consent and Authorization

I, the undersigned Adult Applicant, acting as the Parent and/or Legal Guardian of the Child(ren) identified in this application, hereby declare, acknowledge, and agree to the following:

1. I confirm that the Child(ren) listed in this application are registered Members of the Yellowknives Dene First Nation as of November 3, 2026,
2. I understand and acknowledge that the Membership Payment is TWO HUNDRED FIFTY DOLLARS ($250.00) for each eligible Child listed and belongs to and is intended solely for the benefit of the Child(ren) and is not a personal payment or entitlement of the Adult Applicant,
3. I confirm that I am the Parent and/or Legal Guardian of the Child(ren) listed in this application and that all information provided regarding the care, custody, and/or guardianship of the Child(ren) is true, correct, current, and complete.
4. I understand and acknowledge that this is a one-time Membership Payment and that any future payment, if approved, is not guaranteed and may be reduced, changed, or discontinued
5. I confirm that the Child(ren) listed in this application have not received and not entitled to receive an equivalent membership payment or benefit from another Treaty, Indigenous First Nation, or Indigenous organization in relation to this payment.
6. I understand that receipt of this Membership Payment may affect my income tax obligations, eligibility for subsidies, social assistance, income-tested benefits, or other programs. I accept responsibility for determining and addressing any tax, reporting, or benefit implications arising from receipt of the payment.
7. Where payment is authorized to release the Child(ren)'s Membership Payment in accordance with this application, I authorize YKDFN to electronically deposit the Membership Payment by Electronic Funds Transfer (EFT/Direct Deposit) into the bank account identified in this application. This authorization will remain in effect until I provide YKDFN with written notice of a change to my banking information or withdrawal of my EFT authorization.
8. I understand that I am responsible for the Child(ren) Membership Payment once it has been issued to me and for the use of those funds.
9. I understand that any false, inaccurate, or misleading information or misrepresentation regarding the care, custody, or guardianship of the Child(ren) may result in YKDFN withholding future disbursements otherwise payable to me until any amount improperly received has been recovered.
10. I authorize YKDFN to update my and Child(ren) contact information on the YKDFN Membership List using the current information provided in this application.

By signing below, I certify that I have read and understood this declaration and that, to the best of my knowledge, all information and supporting documentation provided in this application is true, correct, current, and complete. I further certify that I am authorized to submit this application on behalf of the Child(ren) identified herein and agree that any Membership Payment released under this application is for the benefit of the Child(ren).

Adult Applicant 1	Adult Applicant 2
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

FOR YKDFN FINANCE DEPARTMENT USE ONLY

Vendor ID # _____ AP Batch-Entry # _____ EFT Batch # _____