



**Aundeck Omni Kaning First Nation
Robinson Huron Treaty Settlement dated July 4th, 2024
Member Per Capita Distribution Application**

First and Middle Name(s)

Last Name

AUTHORIZATIONS AND DECLARATIONS

I hereby certify my eligibility for a Per Capita Distribution of \$100,000 from AOK as part of the distribution process from the funds owed to AOK as part of the *Restoule* litigation (the *Restoule Funds*).

I affirm that I was either a member of AOK on or before the indicated date (9 September 2023) or that I met the eligibility criteria for membership per the Indian Act and will be subsequently registered before (9 September 2024).

I authorize AOK to verify the information provided and release it, and its officers, directors, and employees, from liability arising from acting on such instructions.

I declare that information provided from myself, or on my behalf, given in this application, to the best of my knowledge is true and correct.

I hereby acknowledge that my electronically transmitted instructions to AOK shall be deemed as my written instructions for all intents and purposes.

I acknowledge the inherent insecurity of electronic communication, and thus recognize that AOK cannot ensure the confidentiality of transmitted information. I consent to hold AOK, its officers, directors, and employees, harmless in the event of any breaches of security or confidentiality arising from the use of this communication method.

I accept full responsibility for the information provided herein regarding the Per Capita Distribution and release AOK from any legal actions pertaining to the distribution payment, including any claims, disputes or causes of action regarding loss, theft, or misuse of funds by myself or any other individuals, occurring after the issuance.

I acknowledge that AOK has properly administered the *Restoule Funds* between September 9th, 2023, and the date of the Per Capita Distribution payment, and accordingly, hereby irrevocably and unconditionally, release and discharge absolutely AOK, its officers, directors, and employees direct from all claims which the I now have, may have, or may ever have, against them for such period arising from its administration of the *Restoule Funds*.

I confirm that at the time of this application, I have the capability to manage my own property and finances, and there is no legal determination indicating my incapacity to do so.

Note: If the applicant does not possess the legal capacity to manage property, their appointed legal guardian or power of attorney should submit an application on their behalf utilizing the specified application from designed for guardians and attorneys.

Signature of Applicant	Date (dd,mm,yyyy)
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(Signature)

Signature of Witness	Date (dd,mm,yyyy)
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(Signature)

First and Middle Name(s) of Witness:	Last Name(s) of Witness:
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