



SQUAMISH NATION
DISTRIBUTION ADMINISTRATION POLICIES
 (one form per Member)

PICK UP AUTHORIZATION

Date received: _____

(for office use only)

P.O. Box 36131 ♦ 320 Seymour Blvd ♦ North Vancouver, B. C. V7L 4J5 ♦ Tel. (604) 980-4553 ♦ Fax (604) 980-9601

A. MEMBER INFORMATION

Full Name of Member: _____

Member No.: _____ Date of Birth: _____

B. MINOR'S INFORMATION

MINOR'S MEMBER NO.

_____	_____
_____	_____
_____	_____
_____	_____

I authorize the Squamish Nation and Registrar this one time to give my, and the above listed Minor's for whom I am Guardian, Distribution Share(s) payable on the Distribution Date noted below to the person named below.

C. DISTRIBUTION DATE AND RECEIVING PERSON INFORMATION

Distribution Date: _____

Full Name of Receiving Person: _____ Date of Birth: _____

I certify that the information provided in this Pick Up Authorization is to the best of my knowledge, true, correct and complete and that I have freely given the authorization made above.

Signature of Member _____ Date signed: _____

Signature of Registrar _____ Date signed: _____

Note to Member: a Pick Up Authorization is valid for one Distribution Date only. This Pick Up Authorization must be filed with the Registrar on or before the Distribution Date specified above.