



SQUAMISH NATION

DISTRIBUTION ADMINISTRATION POLICIES

(one form per Member)

PICK UP AUTHORIZATION

Date received:

(for office use only)

P.O. Box 86131 ♦ Unit 6 – 380 Welch St ♦ West Vancouver, B. C. V7P 0A7 ♦ Tel. (604) 982-7610 ♦ Fax (604) 982-7658

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.