CHANGE OF INFORMATION FORM - NON-TRUST DISTRIBUTION

- This form allows a member to modify information in their claim request.
- The member will be contacted by telephone to confirm that they are indeed the person who submitted the form.
- Change requests will be considered until the administrator begins processing the claim.

Part 1: Member Identification (information provided in the initial claim)

First name | Last name | Date of birth (D D M M Y Y Y Y)

Email | Telephone | Indian status number (if applicable)

Mailing address

Number | Street | Unit | P.O. Box

City | Postal code | Province / State | Country

Part 2 : Information to be modified (complete the applicable sections)

Enter below **only** the information you want to **change**.

2.1 Mailing address

Number | Street | Unit | P.O. Box

City | Postal code | Province / State | Country

2.2 Email communication

Email

2.3 Telephone communication

Telephone

2.4 Payment method

☐ **Cheque - payments will be sent to the mailing address provided**

☐ **Direct deposit (EFT) - Canada only**

Please attach a voided cheque or a direct deposit form from your financial institution for a Canadian bank account in your name and complete the following information:

Transit (5 digits) | Institution (3 digits) | Compte (7-12 digits)

☐ **Wire transfer - recommended outside of Canada**

Please attach a document from your financial institution showing the bank account number or IBAN, and the SWIFT number and complete the following information:

Name of financial institution | Adress of the financial institution

Postal code | Province / State | Country

Account number or IBAN | SWIFT number | Conversion currency

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Part 3 : Declaration and Undertakings

By signing this form, I declare and warrant that (required; check the box before each statement):

☐ I am a member of Odanak and I have previously submitted a claim form to the administrator of the Non-Trust Distribution, and I request that the information submitted in my initial form be modified by the information provided in this form.

☐ I understand that the other terms related to the initial form remain applicable, including the entirety of clauses 1 to 8 of Part 5 (Release) of the claim form.

☐ I understand that if this form is received by the administrator after they have begun processing my claim, it will not be taken into account.

Claimant member's signature (required)

If the form is completed electronically, the member may type their name as a valid signature.

Date (D D / M M / Y Y Y Y) (required)

D D Day M M Month Y Y Y Y Year

Submitting the form

Please note that it is recommended to submit the information change form through the website, but it may also be submitted by mail.

Online (recommended)

Complete and submit the form at: www.distributionsodanak.ca

By mail

Non-trust Distribution Administrator for Odanak
2640, boulevard Laurier, suite 1700 Quebec (QC) G1V 5C2