Tla'amin Nation
Healthy Living Dividend 2024

Instructions:

- Applicant must complete all fields in Section A and Section B
- Status/Citizenship Number is required because only members with Status/Citizenship are eligible to Healthy Living Dividend 2024.
- Submit applications via email dividends@tn-bc.ca, fax (778) 762-5027 or mail to 4779 Klahanie Rd, Powell River, BC V8A 0C4.

## SECTION A - Applicant Details

Full Name:

| | | |
|---|---|---|
| | | |
| *Last Name* | *First Name* | *Preferred Name* |

Address:

| | |
|---|---|
| | |
| *Street Address* | *City* |
| | |
| *Province* | *Postal Code* |
| | |
| *Email* | *Phone Number* |

Signature:

*Applicant Signature* _____ *Date* _____

## SECTION B – List of Community Member applying for Dividend Payments

Select preferred method of payment: ☐ Cheque (Mail) ☐ Cheque (Pick-up) ☐ Direct Deposit

| | | | | Reserve to Tla'amin Nation Administration | |
|---|---|---|---|---|---|
| | **Last Name** | **First Name** | **Status/Citizenship Number** | **Citizenship Verification** | **Finance Verification** |
| Applicant | | | | ☐ Eligible<br>☐ Not Eligible | ☐ Payment to member<br>☐ Payment to other |
| Spouse | | | | ☐ Eligible<br>☐ Not Eligible | ☐ Payment to member<br>☐ Payment to other |
| Dependent | | | | ☐ Eligible<br>☐ Not Eligible | ☐ Payment to member<br>☐ Payment to other |
| Dependent | | | | ☐ Eligible<br>☐ Not Eligible | ☐ Payment to member<br>☐ Payment to other |
| Dependent | | | | ☐ Eligible<br>☐ Not Eligible | ☐ Payment to member<br>☐ Payment to other |
| Dependent | | | | ☐ Eligible<br>☐ Not Eligible | ☐ Payment to member<br>☐ Payment to other |
| Dependent | | | | ☐ Eligible<br>☐ Not Eligible | ☐ Payment to member<br>☐ Payment to other |