



RELEASE AND DISCHARGE FORM

Better Living Program (BLP) Annual Member Benefit

You **MUST** be 18 YEARS OF AGE OR OLDER to complete the form or a parent or guardian must do so for you.

INSTRUCTIONS

To help ensure that you are properly inputting information on the Michipicoten First Nation Better Living Program benefit (BLP), please follow the instructions below. If you need assistance, please email blp@michipicoten.com or call 705-856-1993 ext 210.

Section 1: RECIPIENT'S PERSONAL INFORMATION

- ◇ Your Full Name as it appears on your Certificate of Indian Status (Status Card) must be provided.
- ◇ ALL address information must be provided. Address information must include your Street Number, Street Name, Apt/Unit #, P.O. Box (if applicable), City/Community, Province/State/Territory, Country, Postal/Zip Code.
- ◇ A Primary Phone Number must be included with area code in case Michipicoten First Nation staff needs to contact you regarding personal information provided.
- ◇ An Alternate Phone Number is optional but can be included in case Michipicoten First Nation staff cannot reach you through your Primary Phone Number.
- ◇ An Email is needed to send you the Direct Deposit notification.
- ◇ Your Certificate of Indian Status number (10 digits) must be included! Please include the full number.
- ◇ Your Date of Birth as it appears on your Certificate of Indian Status must be included!

Section 2: DEPENDENT INFORMATION

- ◇ Please ensure ALL Dependent information is as it appears on your Dependent's Certificate of Indian Status.
- ◇ A Dependent is a person for which you have legal guardianship, who is under the age of 18 years old. If you need to include more names of dependents, please attach a separate page following the same listing guidelines as required on the Form (*Dependent Name, Dependent Date of Birth, Dependent Certificate of Indian Status (Status Card) Number, Parent/Legal Guardian Name*).

Section 3: DECLARATION

- ◇ By returning this form or as signature of Power of Attorney, acknowledges and authorizes the Better Living Policy (BLP) payment to you or an individual you represent as you indicated in the Form.
- ◇ If signing as a Power of Attorney, a **Living Power of Attorney-POA** will need to be provided with the Form.



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Better Living Program (BLP) Member Benefit

You **MUST** be 18 YEARS OF AGE OR OLDER to complete this form or a parent or guardian must do so for you.

YOU ARE ELIGIBLE FOR THE 2026-2027 BLP PAYMENT IF YOU MEET THESE REQUIREMENTS:

- You are an MFN Band Member as of June 25th, 2026 or anytime between then and June 24th, 2027
- Members must be alive when this benefit is claimed – Families or Estates cannot claim this benefit on behalf of deceased Members.

SECTION 1: RECIPIENT'S PERSONAL INFORMATION

Full Name as it Appears on your Certificate of Indian Status (Status Card):

Address (Street #, Street name, City/Community, Province/State, Country, Postal/Zip Code):

Certificate of Indian Status # (10 digits):

Primary Phone #: _____

Alternate Phone #: _____

Email: _____

Date of Birth as it Appears on your Certificate of Indian Status (Status Card): _____

SECTION 2: DEPENDENT INFORMATION (Please add separate sheet for more names if required)

FULL NAME as it appears on Status Card	Date of Birth as it appears on Status Card	Status Card Number (Full 10 digits)	Parent/Legal Guardian Name

The above listed dependents will need to complete this form once they turn 18 years old.

SECTION 3: DECLARATION THAT BANKING INFORMATION IS COMPLETE AND ACCURATE

I _____ (*print name*), confirm that the banking information included with this form (*Direct Deposit form or VOID cheque from your Financial Institution*) is where I want my Better Living Payment deposited to.

I, _____ (*print name*), hereby acknowledge and accept that once the Better Living Payment leaves the Michipicoten First Nation bank account, and is deposited into the above confirmed bank account, there is no liability placed on Michipicoten First Nation for the successful receipt of funds into my possession.

Signature: _____ Date: _____

Please check box if you are completing this form as a Power of Attorney. Please ensure the POA document is attached to this form.