

# TEMAGAMI FIRST NATION



BEAR ISLAND  
LAKE TEMAGAMI, ONTARIO P0H 1C0

TEL: (705) 237-8943 or (705) 237-8944

FAX: (705) 237-8959

CHILDCARE: (705) 237-8961



August 20, 2013

Dear: Teme Augama Anishnabai / Temagami First Nation

Council's of the TAA and TFN has directed the TFN Administration to begin implementing the following TFN/TAA resolution:

*"Motion 2013-07-01*

*Whereas we the TAA citizens exist due to our seniors*

*Whereas TAA citizens wish to recognize our seniors because they count*

*Therefore be it resolved that the TAA citizens wish to allocate a one-time payment of \$1000 to the seniors who are 65 and older and for seniors upon their 65 birthday for the life of the Aurico Impact Benefit Agreement to be paid upon approval by Temagami First Nation members.*

*Moved by Elsie Chapman*

*Seconded by Donna McKenzie"*

An Impact Benefit Beneficiaries Claim Form will be made available for all eligible beneficiaries. The form will be sent to those members who are on our current mailing list and available on-line at the TFN & TAA websites.

The TFN Membership Code, which has been accepted and approved according to the TFN Constitution and by the TAA in assembly has been enacted by Joint Council. TAA non-status members will be required to apply for membership under this Code in order to be eligible beneficiaries for the IBA distribution.

The required form is enclosed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chief John McKenzie".

Chief John McKenzie  
Teme Augama Anishnabai

A handwritten signature in cursive script, appearing to read "Chief Roxane Ayotte".

Chief Roxane Ayotte  
Temagami First Nation

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LAKE TEMAGAMI, ONTARIO P0H 1C0  
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www.temagamifirstnation.ca



## Impact Benefits Claim Form

This form must be signed and completed in full. If **incomplete**, it will be returned to you, which will delay the processing of the claim. Enclose **COPY OF CERTIFICATE OF INDIAN STATUS CARD**.

**With Regards to this Claim:**

For eligibility: Must be a Temagami First Nation member and age of sixty-five (65) years.

Beneficiary's Name	Date of Birth	Band Number
Mailing Address		Postal Code
Email Address		Phone/Cell Number

I hereby certify that I am over the age of sixty-five years (65) and the above information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed form & attachment to:

Temagami First Nation  
Bear Island, ON P0H 1C0  
Attention: Administration

Inquiries: (705) 237-8943 or Toll-Free at 1-888-737-9884

For Office Use Only:

Band # Verified by: \_\_\_\_\_ Cheque # \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Document Approval: 2013/08/14