Alexis Nakota Sioux Nation

Per Capita Distribution (PCD) 2025 Request Form

TYPE OF REQUEST: ☐ **Direct Deposit** **(or)** ☐ **Mail Out**

Please Check One

☐ **Please use previous Direct Deposit Slip**

Submit this form along with the required supporting documents in-person to the Alexis Nakota Sioux Nation Administration Office or via email to: **PCD@ANSN.CA**

Personal information:

Full Name: _____

Date of Birth: _____ **Treaty #** *(10 digits)*: _____

Address: _____

City: _____ **Postal Code:** _____

Phone #: _____ **Email:** _____

Attach documents:

1. Direct Deposit Form:
- ✓ Deposits will not be made to any account that is not your own.
- ✓ Ensure your Direct Deposit Form is stamped with the most recent date by your bank.

2. Copy of a Valid Government-Issued Photo Identification (Front and Back):
- ✓ Examples include Driver's License, Passport, or Status Card.

3. For Parents/Guardians with children:
- ✓ Attach the "*Parent or Legal Guardian Acknowledgement and Representation*" Waiver to this request form.

4. For Trustees and Public Guardians:
- ✓ Provide your documentation verifying your legal authority to act on behalf of the beneficiary.

Acknowledgement of Wavier:

I, _____, confirm that the information I have provided in this form is accurate and true. I understand that this information is being collected for the purpose of receiving the ***Per Capita Distribution (PCD)*** on **December 19, 2025**.

_____	_____	_____
Band Member Name	Signature	Date
_____	_____	_____
Witness Name	Signature	Date