



# ALEXANDER FIRST NATION #134

## Affordability Relief Benefit

PO Box 3419 Morinville, Alberta T8R 1S3 780 939 5887

### THIRD PARTY PICKUP - ARB Form 2026

Applicant Name: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 4380  
YYYY / MM / DD BAND NUMBER  NON MEMBER   
*CHOOSE ONE*

MAILING ADDRESS: \_\_\_\_\_

eMail Address: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

THIRD PARTY PICKUP INDIVIDUAL (TPP): \_\_\_\_\_  
NAME RELATIONSHIP

*I declare that I give permission to the above-named individual to pickup my Affordability Relief Benefit (ARB - Payment). I understand, that the TPP (Third Party Pickup) individual is responsible for my payment, and in consideration of the payment, I do hereby release and forever discharge and indemnify the Chief and Council of the Alexander First Nation, their agents, employees, heirs, executors, administrators and assigns, from any and all manner of action, cause of action, suit, cost, debt, demand or claim of whatever nature or kind which the undersigned or any other person shall or may have by reason of or relating to the payment of moneys to me or the members of the Alexander First Nation.*

Signed on this \_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_ (location)

\_\_\_\_\_  
SIGNATURE

INITIAL OF  
TPP Verification of PICKUP

### OFFICE USE ONLY

RELEASED BY: \_\_\_\_\_

VERIFIED BY:

(Initial by MEMBERSHIP DEPT.)

(Initial by FINANCE CONTROLLER)

(Initial by TRIBAL ADMINISTRATOR)