

Scotia Wealth Management.

Dear Dene Tha' First Nation Member

Re: Dene That ' First Nation Annuities Compensation Trust

In order to process your Annuities Trust Per Capita Distribution (PCD) payment per the Trust Agreement dated June 5th, 2026 we will require certain documents from you.

This letter and the attached forms are to assist you in completing the Dene Tha' First Nation Annuities Compensation Trust Client Information Verification Form. The purpose of these forms is to help ensure our records are up to date so that trust distributions can continue correctly.

If you were eligible and received a prior per capita distribution from the Dene Tha' Community Trust, please proceed with completing the attached form.

A valid piece of unexpired, government-issued photo identification is required to complete your registration

If you were not eligible for the Community Trust but were eligible to become a member of Dene Tha' First Nation as of the compensation date of June 2nd, 2026 please contact the Dene Tha' Band Office or Scotiitrust directly to obtain the necessary documentation before proceeding.

Community Assistance

The following Dene Tha' staff members are available to assist you if you have questions or require support:

Community	Name	Email	Phone
Chateh	Angeline Tsonchoke	Angeline.Tsonchoke@denetha.ca	1-780-926-1130
Bushe	Tana Beaulieu	TanaB@denetha.ca	1-780-285-1167
Meander	Rosemary Chambaud	Rosemary.Chambaud@denetha.ca	1-780-285-2903

Scotiitrust[®]
The Bank of Nova Scotia Trust Company
225 6 Avenue SW
Suite 1700, Brookfield Place
Calgary, AB T2P 1N2
Canada

T 1.888.593.7611
F 403.299.3054
IndigenousWealthSolutions@scotiawealth.com
scotiawealthmanagement.com

[®] Registered trademark of The Bank of Nova Scotia, used under licence. [™] Trademark of The Bank of Nova Scotia, used under licence. Scotia Wealth Management[®] consists of a range of financial services provided by The Bank of Nova Scotia (Scotiabank[®]); The Bank of Nova Scotia Trust Company (Scotiitrust[®]); Private Investment Counsel, a service of 1832 Asset Management L.P.; 1832 Asset Management U.S. Inc.; Scotia Wealth Insurance Services Inc.; and ScotiaMcLeod[®], a division of Scotia Capital Inc. Estate and trust services are provided by The Bank of Nova Scotia Trust Company. Scotia Capital Inc. is a member of the Canadian Investor Protection Fund and the Investment Industry Regulatory Organization of Canada.

Your completed form may be returned by **mail or email**.

Mailing Address:

Scotiabank® The Bank of Nova Scotia Trust Company
Attn: Indigenous Wealth Solutions
Suite 1700, 225 – 6 Avenue SW
Calgary, Alberta
T2P 1N2

If emailing this form, please send it to: **indigenouswealthsolutions@scotiawealth.com** and include **“DTFN Annuities Trust”** in the subject line.

Once your form is received, please allow a minimum of 4 weeks for Scotiabank to process your per capita distribution.

If any information is incomplete Indigenous Wealth Solutions will contact you with further instructions. If you have any questions or concerns, please do not hesitate to contact us and one of our team members will get back to you.

Regards,

Tiffany Schuchardt (Acting), Senior Trust Officer
Indigenous Wealth Solutions
The Bank of Nova Scotia Trust Company
Email: indigenouswealthsolutions@scotiawealth.com

CHECKLIST

Dene Tha' First Nation Annuities Trust

Before sending your documents to Scotiatrust, please make sure to attach:

- Client Information Verification Form**
Completed, signed and dated by you
Make sure your contact information is current in case we need to contact you (and mail your PCD cheque, if applicable)
- Verification of Identity/Third Party Attestation**
Completed, signed and dated by designated DTFN Band Office staff member, Scotiabank representative or authorized professional
- Business card** of authorized professional
Required only if you met with an authorized professional to sign the Verification of Identity/Third Party Attestation
- Photocopy** (front and back) of your **photo identification**
Signed and dated by designated DTFN Band Office staff member, Scotiabank representative or authorized professional
- Authorization, Release and Discharge**
Completed, signed and dated by you
- Direct Deposit** form, **Electronic Funds Transfer (EFT)** form or **void cheque** Required only if your banking information has been updated since your last PCD payment by EFT

To process your PCD, Scotiatrust must receive ALL documents above, fully and properly completed.

Questions?

Contact Scotiatrust at:

Toll-free: 1-888-593-7611

Fax: 1-403-299-3054

Email: IndigenousWealthSolutions@scotiawealth.com



Dene Tha' First Nation Annuities Compensation Trust Client Information Verification Form

This form is for DTFN members who were eligible for, and received a prior per capita distribution from the Dene Tha' Trust, and is meant to help us keep our records up to date so trust payments can continue correctly. If you need help completing this form, please contact us using the contact information provided at the bottom of this page.

Full Legal Name: _____
Date of Birth (DD/MM/YYYY): _____
Status Card Number: _____

1. Dene Tha' First Nation Community Trust Confirmation

Did you receive a prior per capita distribution from the Dene Tha' First Nation Compensation Community Trust?

Yes No *(please contact Scotiatrust or the Dene Tha' Band Office to obtain the Client Information & ID Verification forms)*

2. Physical/Mailing Address

Has your physical or mailing address changed?

Yes *(please provide your updated address)* No

Street Address: _____

City / Town: _____

Province / Territory: _____

Postal Code: _____

3. Tax Residency

Has your tax residency changed?

Yes No

If yes, please contact Scotiatrust or the Dene Tha' Band office for further instructions.

4. ID verification

Please complete the attached 3rd party verification form and be sure to include a photocopy of the front and back of one piece of valid piece of unexpired, government-issued photo identification

5. Financial Information for Per Capita Distribution Payment

Has your financial information changed?

Yes (*please complete the financial information below and attach a copy of a void cheque or direct deposit form from your financial institution*)

No (*continue to signature line*)

Financial Institution: _____

Institution Number: _____

Transit Number: _____

Account Number: _____

I would like to receive my per capita distribution via cheque (please provide your mailing address below)

Street Address: _____

City / Town: _____

Province / Territory: _____

Postal Code: _____

Signature: _____ Date: _____

For questions or concerns, please contact the Corporate Trustee:

The Bank of Nova Scotia Trust Company, Indigenous Wealth Solutions

Phone: Toll-free: 1-888-593-7611 | Email:

indigenouswealthsolutions@scotiawealth.com

Completed forms may be returned by mail or email.

Mailing Address:

Scotiastrust® The Bank of Nova Scotia Trust Company

Attn: Indigenous Wealth Solutions

Suite 1700, 225 6 Avenue SW

Calgary, Alberta

T2P 1N2

If emailing this form, please include 'DTFN Annuities Trust' in the subject line. Email Address: indigenouswealthsolutions@scotiawealth.com

Verification of Identity – Third Party Attestation

To be used ONLY for the collection of information for the beneficiaries of the Dene Tha' First Nation Trusts.

This Attestation may be completed by an authorized Dene Tha' First Nation staff member, a Scotiabank employee, **authorized Professional**, including: Notary / Lawyer, medical doctor, professional accountant or a bank manager. (please attach their business card to this document).

See Appendix A

In compliance with Scotiabank's regulatory requirements, you are being asked to validate an identification document presented by the Client on behalf of Scotiabank. Please:

- Meet with the client face to face
- Ensure it is an acceptable piece of government issued photo identification (cannot be expired)
- Photocopy the front and back of the document
- Sign and date the photocopy
- Complete the information below
- Ask client to sign below
- Sign and date below

Client Name (as it appears on the document): _____

Client Signature: _____

Acceptable Identity Document	Check One	Identity Reference Number	Issuing Jurisdiction and/or Country	Expiry Date (mm-dd-yyyy), if applicable
Passport Issued by a Federal Government / Department of State	<input type="checkbox"/>			
Driver's License with photo Issued by any recognized state/province/territory authority located in a country where Scotiabank has a presence.	<input type="checkbox"/>			
Provincial Health Card (Health card may NOT be collected or number recorded in AB, MB, NB, NS, ON, and PEI. May be accepted if voluntarily provided in QC.)	<input type="checkbox"/>			
Certificate of Indian Status Card	<input type="checkbox"/>			
Provincial Identification Card (only in AB, BC Identification Card, BC Services Card, MB, NL, NS, PEI Voluntary ID, SK Mandatory Photo ID)	<input type="checkbox"/>			
Other (Canadian Citizenship Card, Permanent Resident Card, Canadian Forces ID Card, or Nexus Card only)	<input type="checkbox"/>			

If the document provided is not listed above, please provide a copy to your Scotiabank representative for review.

I have met face to face with the Client named above. To the best of my knowledge and belief, the document I have examined is valid and unexpired, and is a true likeness of the individual.

Signature

Date

Name (Printed)

Scotiabank Transit #: _____ (Scotiabank employees only)

Title / Position

Contact Information (Email / Phone)

THE BANK OF NOVA SCOTIA TRUST COMPANY

**AUTHORIZATION,
RELEASE AND DISCHARGE**

IN THE MATTER OF THE DENE THA' FIRST NATION ANNUITIES
COMPENSATION TRUST, I acknowledge that a one time payment will be
distributed to me under Clause 4.8 of the Trust Agreement after receipt of all my
completed documentation as verified by THE BANK OF NOVA SCOTIA TRUST
COMPANY. I do hereby authorize and direct THE BANK OF NOVA SCOTIA
TRUST COMPANY, Trustee, to do the following:

1. to pay the sum of \$ _____ to the Dene Tha' Natural Gas Utility
on my behalf; and
2. to pay the sum of \$ _____ to Dene Tha' First Nation on my
behalf; and
3. to pay to me my One-Time Distribution amount from the Trust less the
above amounts.

Upon receipt of the amount owing to me I hereby grant to THE BANK OF NOVA
SCOTIA TRUST COMPANY a full and final release and complete discharge of this
obligation.

IN WITNESS SIGNATURE WHEREOF, I have hereunto set my hand and seal
this _____ day of _____ in the year _____.

Witness Signature

Beneficiary Signature

Witness Name

Beneficiary Name