



Nisga'a Lisims Government

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THIRD-PARTY ADMINISTRATION AGREEMENT

Protected (when completed) - To be handled by authorized personnel only.

I, _____ of, _____
print name address

agree to act as a trustee for _____
Print Recipient's Name

with the understanding that Social Assistance to which he/she is eligible will be issued to me on his/her behalf and that I agree to make a report substantiated with receipts, upon request by the Administering Authority showing the manner in which the Social Assistance was spent for the benefit of the recipient and dependent(

Recipient's Date of Birth MM/DD/YY

Recipient's S.I.N.

X

Signature of Recipient

Date

X

Signature of Trustee

Date

X

Signature of Witness

Date

Approved by:

Print Name

X

Signature of Social Development Worker

Date

Original to Client file

Copies to client and third-party administrator

NSD-05

