Form D

# ᓄᓇᕗᑦ ᑐᓐᖓᕕᒃ ᑎᒥᖓᑦ

## ᐱᒋᐊᕐᓂᖏᑦ ᐸᑭᓕᖅᑕᐅᓂᕐᒧᑦ ᓄᓇᕗᒥ ᐃᓄᑐᖃᓄᒃ ᐃᑲᔫᑎᓂᒃ

ᐆᒃᑐᖅᑎᓪᓗᑎᑦ ᐱᒋᐊᕐᓂᐊᕐᓂᖏᓐᓄᑦ ᐃᓅᓯᓕᒫᕐᓄᑦ ᐊᑭᓕᖅᑐᖅᑕᐅᓂᕐᒧᑦ ᐅᑯᓇᖓᑦ ᓄᓇᕗᒥ ᐃᓄᑐᖃᓄᑦ ᐃᑲᔫᑎᓂᒃ ᐅᓇ ᐊᑐᕐᓗᒍ ᑕᑕᑎᒋᑦ ᐃᒪᐃᑦᑑᔭᓇᐊᖃᖅᐳᑎᑦ:

- ᑕᖅᑭᓄᑦ ᐱᖓᓱᑦ ᓯᕗᓂᐊᒍᑦ ᐅᑭᐅᖃᕐᓂᐊᓕᕐᓗᑎᑦ 55-ᓂᒃ ᐅᖓᑖᓄᓪᓘᓐᓃᑦ, ᐅᑭᐅᖃᕐᓗᑎᓪᓘᓐᓃᑦ 55-ᓂᒃ ᑖᑦᓱᒥᖓ ᑕᑕᑎᓇᑎᓪᓗᑎᑦ;
- ᐃᓄᒻᒪᓇᐅᓗᑎᑦ ᐊᑎᓕᐅᖅᑕᐅᓯᒪᓗᑎᑦ ᓄᓇᑖᖃᑕᐅᓯᒪᓂᕐᒧᑦ ᐊᖏᐅᑎᓂ; ᐊᒻᒪᓗ
- ᓇᓗᓇᐃᔭᖅᓯᒪᖃᑕᐅᓗᑎᑦ ᓄᓇᕗᒥ ᐃᓄᑐᖃᓄᑦ ᐃᑲᔫᑎᓂᒃ

ᑖᒃᑯᓄᖓ ᓈᒻᒪᒃᑯᕕᑦ ᐃᓕᖓᔪᓄᑦ, ᐅᓇ ᑕᑕᑎᒋᒃ, ᐅᓪᓗᐊ, ᐊᒻᒪ ᐅᑎᖅᑎᓪᓗᒍ ᐅᑯᓄᖓ ᓄᓇᕗᑦ ᑐᓐᖓᕕᒃᑯᑦ ᑎᒥᖓᓐᓄᑦ ᐊᑐᕐᓗᒍ ᐆᒃᓴᐅᑎ ᐃᓚᓕᐅᑎᓯᒪᔪᖅ ᐅᑯᓇᓂ ᐱᔭᕐᓂ:

Nunavut Elders Benefit Plan
Nunavut Tunngavik Incorporated
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### 1 ᐃᓕᖅᑯᓯᖅᐱᑦ ᒥᒃᓵᓄᑦ ᑐᑭᓯᒍᑎᑦ

ᑭᖑᓪᓕᖅ ᐊᑎᖅ | ᓯᕗᓪᓕᕐᒥ ᐊᑎᖅ | ᐊᓯᖏᑦ ᐊᑎᖅᐱᑦ

ᑐᕋᕈᑎᑦ

ᓄᓇᓕᑦ | ᑲᓇᑕᐅᑉ ᐊᕕᒃᑐᖅᓯᒪᔪᖏᓐᓂ ᓄᓇᖃᕈᕕᑦ / ᐅᑭᐅᖅᑕᖅᑐᒥ | ᑎᑎᖅᑲᒃᑯᕕᐅᑉ ᓈᒻᒪᖓ

( ) ᐊᖏᕐᕋᓂ ᐅᖃᓚᐅᑏᑦ

( ) ᐃᖅᑲᓇᐃᔭᕐᕕᖕᓂ ᐅᖃᓚᐅᑏᑦ

ᐃᖅᑲᓇᐃᔭᖅᑐᖅᓯᐅᑏᑦ | ᐃᓅᓕᕐᕕᑦ

### 2 ᖃᓄᖅ ᐊᑭᓕᖅᑑᑎᑦ

☐ ᐱᖃᑦᑕᕈᒪᕝᕕᒃᑲ ᑕᖅᑭᑕᒫᑦ ᑮᓇᐅᔭᒃᓴᒃᑲ ᑎᑎᖅᑲᑎᒍᑦ ᐊᑎᖓ ᑮᓇᐅᔭᒃᑯᕕᐅᑉ: _____

☐ ᐱᖃᑦᑕᕈᒪᕝᕕᒃᑲ ᑕᖅᑭᑕᒫᑦ ᑮᓇᐅᔭᒃᓴᒃᑲ ᑮᓇᐅᔭᒃᑯᕕᖕᒧᑦ ᑐᕋᖅᑎᑕᐅᓗᑎᒃ ᐃᓚᓕᐅᑎᑦᑎᕗᖓ (ᑮᓇᐅᔭᒃᓴᒥᑦ ᑕᑕᑎᓇᐊᓕᖕᒥᑦ ᐊᒻᒪᓗ ᑎᑎᕐᕕᒋᓪᓗᒍ ᐊᑐᖅᑕᐅᔾᔭᖏᒻᒪᑦ ᐆᒃᑐᑎᒃᓴᖅ) ᑐᑭᓯᕗᖓ ᑮᓇᐅᔭᒃᓴᒃᑲ ᐱᓂᐊᕐᑭᑦ ᐊᒥᓲᓗᑎᒃ ᑎᑎᖅᑲᑎᒍᑦ ᓯᒃᑭᐅᓗᑎᒃ ᑭᓯᐊᓂ ᐃᓕᖓᑦᑎᐊᓕᖅᐸᑕ ᑐᕋᖅᑎᑕᐅᔪᓐᓇᖅᓯᓗᑎᒃ ᑮᓇᐅᔭᒃᑯᕕᖓᓄᑦ ᐋᖅᑭᒃᓯᓯᒪᖃᑎᒋᑦᑎᐊᓕᕐᓗᒋᓪᓗ

ᐊᑎᓕᐅᕐᕕᒃ | ᐅᑉᓗᖓ

### 3 For office use only:

NEBP# _____

Notes:

Application accepted: ☐
Not Registered in NEBP: ☐
Information Missing: ☐

Date Received _____

Signature _____ Date processed _____