Trust Mismanagement Settlement Payment Trust Agreement for the Benefit of Minor Members of The Nez Perce Tribe **Distribution Request Form**

Last Name):		First Name:
Other Nam	ne Used:		
Enrollment	t Number:	Social Security Number:	Date of Birth:
Mailing Ad	dress:		City:
		Zip Code:	
Phone Nur	mber:	Email Ad	dress:
How would			or ☐ Direct Deposit* Estimated time frame for Direct Deposit is 9 – 15 business days.)
*Electronic F (There will be rejected.	und Transfer informa e no fee charged if yo	ntion must be provided below in order to bu elect to receive a check.) If you are	o avoid receiving a check. A \$20 fee will be charged for this option. not the named person on the Bank Account, your Direct Deposit will be
Bank Nam	e:		Bank Account Type: Checking or Savings
Bank Addr	ess:		
			Bank Account Number:
TAXABLE II NEEDS-BAI PARTICIPA <i>OTHER BE</i>	NCOME BY THE IN SED ASSISTANCE TE. THE \$8,600 S ENEFITS PROGRA	NTERNAL REVENUE SERVICE (II E OR OTHER FEDERAL, STATE, ETTLEMENT IS NOT TAXABLE MS. YOU WILL RECEIVE A FOR	IGS IN EXCESS OF THE \$8,600 SETTLEMENT IS CONSIDERED RS) AND COULD ALSO AFFECT YOUR ELIGIBILITY FOR CERTAIN OR LOCAL SOCIAL SERVICE PROGRAMS IN WHICH YOU MAY NOR CAN IT ADVERSLY AFFECT YOUR PARTICIPATION IN ANY M 1099-INT BY JANUARY 31 OF THE YEAR FOLLOWING YOUR G TAXES ON THE TAXABLE PORTION OF YOUR DISTRIBUTION.
I am now e	ligible for a distrib	oution from the Trust because I I	ave met one of the following distribution requirements. Earlier
	Meeting the dua acquisition of a DOCUMENTAT or	high school diploma (HSED, GE	of eighteen (18) and b) producing evidence of personal D or any similar substitute). PLEASE ATTACH APPROPRIATE
	Reaching age to	venty-five (25)	
Signature			Date
Eligibility V	erification		
Signature			Date
Please retu By Mail: By Fax: By Email:			x 365, Lapwai, ID 83540

By Email: