

-MINOR TRUST FUND APPLICATION-

TO: Mille Lacs Band Member
FROM: Rachel Shaugobay, Director of Natural Resources Administration
SUBJECT: Mille Lacs Band Minor Trust Payment

PLEASE READ CAREFULLY. The following information is regarding the payment of the Mille Lacs Band Minor Trust Fund. If you have any questions about this or do not understand, please ask. We will be glad to explain the payment schedule.

APPLICATIONS RECEIVED/OR 20TH BIRTHDAY IS IN THE FOLLOWING MONTHS:	MINOR TRUST PAYMENT SHOULD BE ISSUED BY:
January, February and by March 31 st	April 30 th
April, May and by June 30 th	July 30 th
July, August and by September 30 th	October 30 th
October, November and by December 31 st	January 31 st

Complete the entire Minor Trust Packet (Direct deposit form is optional). Return all of the original forms to the Enrollments Department at the Mille Lacs Band of Ojibwe Government Center. **DO NOT FAX THESE FORMS.** Our office will not accept faxed forms. **Original Signatures are required.**

Incomplete forms will not be processed and will be returned to you which might cause a delay in getting your funds.

If you have any questions, please call (320) 532-7730

DATE: _____

MAIL TO:

District 1
Mille Lacs Band of Ojibwe
43408 Oodena Drive
Onamia, MN 56359
Enrollments Department

-MINOR TRUST FUND APPLICATION-

DATE: _____

MAIL TO:
MILLE LACS BAND OF OJIBWE
43408 OODENA DRIVE
ONAMIA, MN 56359
ATTN: Enrollments Department

I am requesting the Mille Lacs Band Minor Trust Monies.

NAME: _____

DATE OF BIRTH: _____

ENROLLMENT #: 410B- _____

SOCIAL SECURITY #: _____

PARENTS: FATHER: _____

MOTHER: _____

I have turned 20 years of age as of _____. Those turning 18 or 19 years of age MUST attach a copy of one of the following: [check one]

High School Diploma*

GED*

***NOTE:** In order for you to access your minor trust funds, you are required to send a copy of one of these documents. This is a requirement as set forth in the BIA Distribution Plan, which was passed by the Mille Lacs Band Assembly, effective December of 1999.

PLEASE NOTE: Those individuals who have turned [20] years of age are not required to present a high school diploma or GED.

Please send my check to the following address:

NAME: _____

PHONE: _____

ADDRESS: _____

SIGNATURE: _____

NOTE: Each individual must request their own funds. We cannot process a request submitted by a parent or guardian.

District 1
Mille Lacs Band of Ojibwe
43408 Dodena Drive
Onamia, MN 56359
Enrollments Department

MILLE LACS BAND OF OJIBWE
BURIAL INSURANCE DESIGNATION FORM

Name: _____

Enrollment Number: _____

Social Security Number: _____

I hereby swear and attest that I am currently an enrolled Band member with the Mille Lacs Band of Ojibwe whose membership number is given above. I have read the Mille Lacs Band of Ojibwe Burial Insurance Policy before signing this Designation Form and understand all the conditions contained therein.

I understand that it my responsibility to sign and return this completed form to the Office of Management and Budget (OMB) to be kept in a confidential file. In the event of my death where no Burial Insurance Designation Form is on file, I understand that payment for my burial will be made according to the conditions of the burial policy.

I also understand that it is my responsibility to sign and return this completed form to the Office of Management and Budget (OMB) in order for any remaining burial policy funds to be paid to any designated individual or family member as per the conditions of the burial policy.

I further understand that I have the right to change the designated individual at any time by filling out a new form and returning such signed form to OMB. I also agree to make any necessary changes to this form showing any change of address of the designated individual.

I, my heirs, assigns or estate agree to hold harmless the Mille Lacs Band of Ojibwe, its officials or any of its employees from any claims arising from the Band's administration of this burial insurance program.

I, _____, hereby designate _____
whose relationship to me is _____ and whose address is _____
_____ to arrange for my burial and to
receive payment of the burial insurance stipend and any remaining burial insurance funds
after my burial expenses have been paid.

If the above-named individual is unable to perform the duties connected to my
burial, I then designate _____ as my designated individual whose
relationship to me is _____ and whose address is _____
_____ to make arrangements for my burial and receive
payment of the burial insurance stipend and any remaining burial insurance funds after
my burial expenses have been paid.

Burial Insurance Designation Form
Page Two

I further designate that any burial expenses connected to grave-digging, casket expense or miscellaneous expenses owed to the funeral home shall be paid directly to the vendor before any remaining burial insurance funds are paid to the designated individual named above.

Signed and sworn to before me on this the ____ day of _____, 2____.

Notary Public, State of _____
My commission expires: _____

Notary Public

Mille Lacs Band of Ojibwe

Per Capita Account

Direct Deposit Form

Authorization Agreement

I hereby authorize Mille Lacs Band of Ojibwe to initiate automatic deposits to my account at the financial institution named below. I also authorize Mille Lacs Band of Ojibwe to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Mille Lacs Band of Ojibwe responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Mille Lacs Band of Ojibwe receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution:

Routing Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I wish to deposit the entire amount

Account Number: _____

I wish to deposit: \$ _____

Checking Savings

Optional Second Account Information

Name of Financial Institution:

Routing Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I wish to deposit the entire amount

Account Number: _____

I wish to deposit: \$ _____

Checking Savings

Signature

Print your name _____

Soc. Sec. # _____

Authorized Signature _____

Date: _____

Please attach a voided check and return this form to the Percapita Specialist

Mille Lacs Band of Ojibwe
Attn: Per Capita Specialist
43408 Oodena drive
Onamia, MN 56359

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company Enter the tax classification (D=disregarded entity, C=corporation P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number : :
or
Employer identification number : :

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

