

MINOR TRUST FUND APPLICATION

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.

| Minor Trust Fund Payment Schedule <i>(payout dates vary but are typically the 3rd Friday of the month)</i> | |
|---|---------------------|
| QUARTER ENDS | PAYOUT DATES |
| March 31 st | April |
| June 30 th | July |
| September 30 th | October |
| December 31 st | January |

Complete the entire Minor Trust Fund Application and 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 may cause a delay in getting your funds.

| | |
|---------------------------|--------|
| NAME: | |
| PHONE NUMBER: | |
| MAILING ADDRESS: | |
| DATE OF BIRTH: | |
| ENROLLMENT NUMBER: | 410B - |
| SOCIAL SECURITY: | |
| BIOLOGICAL MOTHER: | |
| BIOLOGICAL FATHER: | |

I ACKNOWLEDGE THAT I AM 18 YEARS OF AGE BY THE DATE THE CURRENT QUARTER ENDS (SEE CHART ABOVE) AND HAVE SUBMITTED MY HIGH SCHOOL DIPLOMA OR GED WITH THIS APPLICATION

or

I AM 20 YEARS OF AGE BY THE DATE THE CURRENT QUARTER ENDS (SEE CHART ABOVE)

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. Individuals who are 20 years of age are not required to present a high school diploma or GED. **NOTE: Each individual must request their own funds. We cannot process a request submitted by a parent or guardian.**

SIGNATURE: _____ **DATE:** _____

MAIL TO:
Mille Lacs Band of Ojibwe
Attn: Enrollments Department
43408 Oodena Drive
Onamia, MN 56359

**MILLE LACS BAND OF OJIBWE
BURIAL ASSISTANCE PROGRAM**

Purpose: The Mille Lacs Band of Ojibwe (“Tribe”) Office of Management and Budget (“OMB”) hereby adopts this Burial Assistance Program that specifically assists with payment of burial and/or burial-related expenses for its Tribe members and eligible immediate family members of Tribe members. It is not the intent of this program that it be treated as an insurance policy for the purpose of providing for a deceased Tribe member’s beneficiaries or beneficiaries of eligible immediate family members of Tribe members.

The following criteria shall be followed by OMB for all Tribe members and eligible immediate family members:

1. **Eligibility.** Eligibility shall be for enrolled members of the Tribe, except as otherwise provided in this paragraph. In instances where the deceased is not a Tribe member, but is eligible for enrollment according to the Minnesota Chippewa Tribe Enrollment Ordinance, payment to assist with funeral and burial expenses shall only be available upon confirmation by the Tribe’s Enrollments Office of the deceased person’s eligibility. In instances where the deceased is an immediate family member who is not eligible for enrollment, the deceased immediate family member is eligible for payments under paragraphs 3 and 7. Immediate family for purposes of this policy is defined as a spouse or domestic partner, sibling, parent, or child of an enrolled Tribe member.
2. **Burial Assistance Program Designation Form.** A Tribe member may designate a family member or closest living relative to take responsibility for all arrangements of his/her burial by submitting a completed “Burial Assistance Program Designation Form.” If a Tribe member does not designate a specific individual, then the Tribe member’s spouse, children, parents, or siblings shall choose a family member amongst themselves to handle the burial arrangements and make such decision known to OMB prior to contacting the funeral home.
3. **Family Stipend.** After OMB and the Enrollments Office have been notified of the Tribe member’s death or the eligible immediate family member’s death, OMB shall prepare a family stipend in the amount of \$500.00 payable to the deceased Tribe member’s or eligible immediate family member’s spouse or family designee as provided in section 2 above. The purpose of this stipend is to assist the family with expenses such as food, travel, lodging, or miscellaneous expenses related to the funeral. Such stipend shall be paid by check as soon as reasonably possible, according to OMB’s procedure, to the deceased Tribe member’s or eligible immediate family member’s spouse or family designee.
4. **Payment to Funeral Home.** The maximum combined payment for the cost of burial, grave-digging, other related costs, and the family stipend covered by this program shall be \$10,200.00 for any Tribe member’s burial/funeral expense. If the family accepts a stipend under section 3 above, then the maximum amount that can be remitted to the funeral home for costs under this section shall be \$10,200.00 less the amount accepted under section 3. The amount paid under this section shall be remitted directly to the funeral home within

thirty (30) days and only after OMB's receipt of an itemized billing statement and certified death certificate.

5. **Private Burial Insurance Policy.** If a Tribe member owns a private burial insurance policy for payment of his/her personal burial expense, the Tribe shall authorize a maximum amount of \$2,000.00 to a designated vendor to pay for a headstone or other funeral-related expenses.
6. **Headstones.** In addition to the maximum \$10,200.00 payment to the funeral home under section 4 above, OMB shall remit a maximum amount of \$500.00 per individual burial to a designated vendor to pay for, or contribute to the payment of, a headstone. Questions related to headstones that OMB staff are unable to answer will be directed to the appropriate District Representative's Administrative Assistant.
7. **Spiritual Advisor.** OMB shall remit a maximum amount of \$400.00 to the Spiritual Advisor performing the burial service. Any payment to the Spiritual Advisor shall be in addition to the maximum payment authorized by this program.
8. **Transportation from Outside Minnesota.** In the event that a Tribe member passes away outside the state of Minnesota, OMB may authorize and pay a maximum amount of \$3,000.00 to assist the deceased Tribe member's family with transportation of the remains back to Minnesota. This amount may only be paid to the funeral home and is in addition to the \$10,200.00 payment under section 4 above.
9. **Amendment and Termination.** This program is subject to amendment or termination dependent on the program being lawfully funded.
10. **Unspent Funds.** If, for any reason, a deceased Tribe member's funeral expenses do not exceed \$10,200.00 under section 4 above, the remaining amount shall remain in the Tribe's general fund and shall not be payable to any individual beneficiary.
11. **Effective Date.** This program supersedes any prior "Burial Insurance Policy" or program. This program shall be effective upon appropriation of funds, and applied retroactively to October 1, 2022.
12. Also see Attachment A.


Mel Towle, Commissioner of Finance

5/17/2023
Date

MILLE LACS TRIBE OF OJIBWE
BURIAL ASSISTANCE PROGRAM DESIGNATION FORM

Name: _____

Enrollment Number: _____

Last 4 of SSN (if enrollment number unknown): _____

I hereby swear and attest that I am currently an enrolled member with the Mille Lacs Band of Ojibwe ("Tribe") whose membership number is given above. I have read the Tribe's Burial Assistance Program document 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 to be kept in a confidential file. I further understand that, if no Burial Assistance Program Designation Form is on file with the Tribe, my spouse or family designee will make arrangements for my burial and that payment for my burial will be made according to the current program.

I further understand that I have the right to change this form at any time if I wish to designate another individual to act as responsible party to make arrangements for my burial. Any change to this form must be completed within the Office of Management and Budget and kept on file in that office.

I, my heirs, assigns, or estate agree to hold harmless the Tribe, its officials, or any of its employees from any claims arising from the Tribe's administration of this Burial Assistance Program.

DESIGNATION

I, _____ hereby designate
_____, Whose relationship to me is
_____ and whose address is:

_____ to arrange for my burial and to receive payment of the Burial Assistance Program stipend.

If the above-named individual predeceases me or is unable to perform the duties connected to my burial for any reason, 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 for the burial assistance family stipend.

By signing below, I understand that any burial expenses connected to grave-digging, casket expense, or miscellaneous expenses owed to the funeral home shall be paid directly to the vendors.

Signature of Tribe Member

Signed and sworn before me on this the _____ day of _____, 20____.

Notary Public, State of _____
My commission expires: _____

Notary Public

ATTACHMENT A

The Band has a responsibility to protect and promote the general welfare interests of its members and to assist in providing support to its members.

It is the Band's intent that the assistance provided pursuant to this Program will meet the criteria set forth in Revenue Procedure 2014-35, including any subsequent Internal Revenue Service guidance, and the Tribal General Welfare Exclusion Act of 2014, and Internal Revenue Code Section 139D for treatment as a tax-exempt benefit.

The Tribal General Welfare Exclusion Act of 2014, codified under Internal Revenue Code Section 139E, which excludes from gross income, for income tax purposes, the value of general welfare assistance that may be provided to an Eligible Band Member.

Limitation on Liability. Any agreement or contract for work performed in connection with this Program is solely between the Eligible Band Member and a third party. The Band shall not be liable for any loss or damages whatsoever resulting from services performed in connection with assistance provided to an Eligible Band Member under this Program, and no legal relationship shall be created between the Band and a third party on behalf of an Eligible Band Member. Satisfaction of any monetary duty or obligation to a third party shall be owed and remain at all times with the Eligible Band Member.

Non-Compensation. The benefits provided under the Program shall not be granted as compensation for services.

Eligible Program Assistance - Cultural, Social, Religious, and Community. Substantiated expenses for transportation, food, lodging, burial and burial related expenses.

General Administrative Procedures.

(a) **Audit.**

- (1) Beneficiaries may be required to submit documentation demonstrating use of Assistance in accordance with the permitted uses as articulated in the Program or to attest or certify that the assistance is being used in accordance with this Program.
- (2) Beneficiaries are required to use Program assistance exclusively for the purposes stated herein.

Miscellaneous.

- (a) **Severability.** If any provision of this program, or the application thereof to any person or circumstance, shall be held unconstitutional or invalid by the Band, only the invalid provision shall be severed and the remaining provision and language of this program shall remain in full force and effect.

- (b) **No Waiver of Immunity.** All inherent sovereign rights of the Band as a federally recognized Indian tribe with respect to provisions authorized by this program are hereby expressly reserved, including sovereign immunity from unconsented suit. Nothing in this program shall be deemed or construed to be a waiver of the Band's sovereign immunity from unconsented suit.

Mille Lacs Band of Ojibwe

2017



Distribution Account Direct Deposit Agreement 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: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Per Capita Specialist.

January 3, 2017

To all Band Members and Employees of The Mille Lacs Band of Ojibwe

The Office of Management and Budget is pleased to announce another payment option available to you. The Band now has the ability to transmit funds electronically to your bank account for any checks that you may get from the Band in addition to your regular Payroll and Per Capita payments. The type of requests can include your Discretionary Loans, Elder Supplement, Circle of Health payments, mileage reimbursements and Child Support payments, in addition to contract checks or other monies that you may be owed. (All transactions will follow Band Policy)

What this means to you:

More security for you and your money

No more time spent waiting in line at the Bank or at OMB

Reduced costs to the Band

Reduced cost and aggravation related to lost checks

No more waiting for the mail

Your funds will be available to use much quicker

To take advantage of this new service - Please fill out the form at the bottom of this page completely, and return to The Office of Management and Budget at your earliest convenience. Fax to 320-532-5402

NAME _____ SIGNATURE _____

ADDRESS _____

CITY, STATE, ZIP _____ DATE _____

EMAIL ADDRESS: _____

BANK NAME _____

ROUTING # _____ ACCOUNT # _____

*Please note that any funds sent to your accounts in error will be reversed by the Mille Lacs Band of Ojibwe

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. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 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 generally 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 <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> | Social security number | | | | | | | | | | | | | | | | | | | | or | | | | | | | | | | Employer identification number | | | | | | | | | | | | | | | | | | | |
| Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| 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); and | |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. | |
| 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 3. | |

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**MILLE LACS BAND SCHOLARSHIP PROGRAM
ACADEMIC ACHIEVEMENT AWARD REQUEST**
Mail to: 43408 Oodena Drive, Onamia, MN 56359
1-800-709-6445 ext. 4775

Please attach a copy of your diploma, degree, or technical certification to request. Technical diplomas and/or certifications are awarded only if a student has attended the technical program at full-time status for a period of one academic year or more. Awards are dispersed to accredited programs only.

| | | | |
|---|--------------------------------|--------------------------------|----------------------------|
| Last Name | First Name | Middle Name | Maiden Name(if applicable) |
| Street Address | Apt # | City | State Zip Code |
| Date of Birth | Social Security # | Phone # () - | Enrollment # |
| Mother's Full Name | Maiden Name(s) | Tribal Affiliation/Reservation | Mother's Enrollment # |
| Father's Full Name | Tribal Affiliation/Reservation | | Father's Enrollment # |
| Institution Attended | | Graduation Date | |
| Field in Which Degree Earned : | | | |
| Degree Type: (circle type) GED AA AAS BA MA Tech. Diploma | | | |

PERMISSION OF RELEASE OF INFORMATION & UNDERSTANDING OF MLBSP GUIDELINES
I have read the MLBSP guidelines governing achievement requests and I declare that the information I have provided is true, accurate and complete to the best of my knowledge. I authorize the MLBSP to obtain my enrollment information and to release my graduation information for publishing purpose.

Signature of Applicant (if over 18 years of age) Date Parent's Signature (if applicant is under 18 Years of age)

TRIBAL ENROLLMENT OFFICE USE ONLY (APPLICANTS: DO NOT WRITE BELOW THIS LINE)

Applicant an enrolled member: YES NO Applicant's biological parent enrolled member: YES NO

Applicant enrollment #/blood quantum : _____ Biological parent enrollment #/blood quantum: _____

Comments: _____

I certify that the applicant/parent is an enrolled member of the Mille Lacs Band o Ojibwe and that the enrollment number(s) provided on this application is correct.

Tribal Enrollment Officer Signature Date