

WINNEBAGO TRIBE of NEBRASKA

WINNEBAGO TRIBAL ENROLLMENT P.O. BOX 687 WINNEBAGO, NE 68071

APPLICATION FOR MINOR TRUST FUNDS

Dear Tribal Member:

Attached you will find a Minor Trust Fund Application & Address Verification form. This form is to request withdrawal of per capita trust fund monies and may be completed and returned to the Enrollment Office any time after you have reached the age of 18 years and accomplished either one of the following:

- ◆ Received a high school diploma from an accredited high school; or
 - If a mid-year diploma from an accredited high school; or
Stating that all required credits for graduation have been met and the student is eligible to receive his/her diploma. Notarized letters must come from the Superintendent, Principal, or School Counselor of the respective school.
- ◆ Received a GED.

Although you may be eligible to withdraw the per capita trust fund money, you are under no immediate obligation to apply for release of these funds. If you choose not to withdraw the money right away, it will remain in the trust fund account until you submit an application for withdrawal. Whenever you choose to withdraw the money, please be aware that the funds are yours to use for personal, educational, living or other expenses that you deem appropriate. You are under no obligation to share this money or pay this money to anyone else unless ordered by a court to do so.

The total amount of money that you will receive is based upon the amount of per capita payments that you have been eligible to receive since the date you were enrolled as a Tribal member AND the overall investment performance of the trust fund. The fund is an investment account and is subject to market fluctuations. To obtain information regarding your current balance, please contact the Winnebago Tribal Enrollment Department.

MINOR TRUST FUND MONEY RELEASE PROCESS:

- ◆ The applicant shall complete the Application & Address Verification for Minor Trust Funds.
- ◆ The applicant shall return the completed application along with a copy of HS diploma or GED to the Enrollment Office either in person or via mail. If the applicant is a mid-year graduate, they must submit a notarized letter as described above in lieu of their high school diploma. Faxed applications will not be accepted. (The applicant may request that a copy of his/her high school diploma or GED be mailed directly to the Enrollment Office.)
- ◆ A completed and signed W-9 Tax Form (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- ◆ The complete application will be forwarded for processing after both the Application & Address Verification and copy of either the applicant's high school diploma, notarized letter mid-year graduate, or GED certificate have been received and verified by the Enrollment Office. Please allow at least two (2) weeks for processing.
- ◆ The Trustee will send the payment by registered mail directly to the address indicated on the address verification form. Checks are typically processed and mailed on or near the 15th and 30th of the month.

Sincerely,

Winnebago Tribal Enrollment Office
Approved by:

WINNEBAGO TRIBE of NEBRASKA

Application & Address Verification for Minor Trust Funds

Please complete and mail to:
MINOR TRUST FUND
Winnebago Tribal Enrollment Office
PO Box 687
Winnebago, NE 68071

Please print. Your signature must be notarized. Incomplete forms will be mailed back to applicant. Faxed applications will not be accepted.

TRIBAL ID NUMBER: 383-UO _____ GRADUATION DATE: _____
(Leave Blank, if unknown.)

NAME: _____ AGE: _____

DATE OF BIRTH: ____/____/____ S.S. NUMBER: ____-____-____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (____) ____-____ Received: High School Diploma GED

-PLEASE READ-

I DO want Federal Taxes withheld from this distribution of 28%

I DO NOT want Federal Taxes withheld and I understand that this payment is considered ordinary income by the Internal Revenue Service and is subject to federal taxation. The Winnebago Tribe and Liberty National Bank are not responsible for paying taxes on my behalf. In addition, I understand that the payment may adversely affect TANF, SSI, FOODSTAMPS, GENERAL ASSISTANCE or any other benefits that I may be receiving or to which I may be entitled. I also understand that I am under no obligation to remit this money to anyone else unless court ordered to do so.

Date

Applicant Signature

STATE OF: _____

COUNTY OF: _____

Sworn to and subscribed to before me this ____ day of _____, 20____.

(SEAL)

Notary Signature

My Commission Expires: _____

FOR ENROLLMENT OFFICE USE:

Date Received: _____ Date Diploma/GED Received: _____ Date Processed: _____