

# WINNEBAGO TRIBE of NEBRASKA

WINNEBAGO TRIBAL ENROLLMENT 1030 BUFFALO TRAIL STE. 110 WINNEBAGO, NE 68071

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## 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 old **and** accomplished either one of the following.

- a) Received a high school diploma from an accredited high school: or
- b) Received a GED

**In the event you fail to obtain a high school diploma or GED certificate by 19 years of age, all monies shall remain in trust and may not be withdrawn until you have reached the age of 21 years.**

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*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 court ordered 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 received 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.*

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### **MINOR TRUST FUND MONEY RELEASE PROCESS:**

1. The applicant shall complete the Application & Address Verification for Minor Trust Funds. If Applicant is under 18 years old, parent and/or guardian must sign.
2. 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. **Emailed or faxed applications will not be accepted.**
3. If the applicant is a mid-year graduate, they **must** submit a notarized letter as describe above in lieu of their high school diploma. (The applicant may request that a copy of his/her high school diploma or GED be mailed directly to the Enrollment Office)
4. A completed and signed W9 Tax Form (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)
5. The completed application will be forwarded for processing after both the application & Address Verification, copy of either applicant's high school diploma/GED certificate, W9, and mid-year graduate notarized letter have been received and verified by the Enrollment Office. **Please allow at least two (2) weeks for processing.**
6. The trustee will send the payment by Priority mail directly to the address indicated on the address verification form. **Checks are typically Processed and mailed on or near the 15<sup>th</sup> and 30<sup>th</sup> of the month.**

# WINNEBAGO TRIBE of NEBRASKA

WINNEBAGO TRIBAL ENROLLMENT 1030 BUFFALO TRAIL STE. 110 WINNEBAGO, NE 68071

## MINOR TRUST FUNDS APPLICATION & ADDRESS VERIFICATION

TRIBAL ID NUMBER: 383-U0 \_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S. NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ 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**

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 Bank are not responsible for paying taxes on my behalf. In addition understand that the payment may adversely affect TANF, SSI, EBT benefits, 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 remit this money to anyone else unless court ordered to do so.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Name of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Parent/Legal Guardian Signature (if under 18)

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

(SEAL)

My Commission Expires: \_\_\_\_\_

FOR ENROLLMENT OFFICE USE:

Date Received: \_\_\_\_\_ Date Diploma/GED Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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); 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they