

Minors Trust Documents Check list

ALL Distributions

- Direct Deposit form from the bank – must have Name, Account and Routing Number.

Distributions 1

- Direct Deposit form from the bank – must have Name, Account and Routing Number.
- High School Diploma or GED
- Information Survey
- Beneficiary Form – volunteer

Early Release

- Direct Deposit form from the bank – must have Name, Account and Routing Number.
Letter requesting the funds early and why signed and dated.
Document showing proof of reason of the early release.

Lump Sum

- Direct Deposit form from the bank – must have Name, Account and Routing Number.
Letter requesting the funds early and why signed and dated.
Document showing proof of reason of the early release.
 - House or land – documents from realtor or BIA
 - School Expenses – proof of enrollment in school and why need extra funds
 - Medical Bills or care – Copies of bills or needs.
 - Business – Copy of Business License, Boat Registration/or set net permit. A business plan and backup of the cost.
 - Private Trust – Proof there is an account set up for the funds to be deposited.



The Tulalip Tribes
Per Capita Minors Trust
Request for Distribution

Tulalip Enrollment
6406 Marine Dr.
Tulalip, WA 98271
360-716-4300

I. Beneficiary Information

1. Name: _____
2. Address: _____
City, State, Zip _____
3. Phone number: _____
4. Email address: _____
5. Roll number: _____
6. SS number: _____
7. Date of birth: _____
8. Age 18-21 Age 22+

II. High School or GED Program information (If under 22 years of age)

1. School/Program name: _____
2. School/Program address: _____

3. School/Program phone number: _____
4. High School/GED graduation date: _____

III. Representation

- I am requesting _____ of 4 Distributions
 _____ of 2 Early Releases of my _____ Distributions (only apply if within 6 months of next distribution)
 Must include:
 1.) Letter requesting Early Release
 2.) Proof of need: Housing Rental Deposit, Eviction Notice, Automotive Needs, Taxes to be paid, Outstanding Fines, Medical Condition
- Lump sum
 Must include:
 1.) Letter requesting Lump sum
 2.) Proof of need: Purchase of Home/Land, School Expenses, Medical Bills, Medical Care, Business Start Up, Private Trust

I understand I can apply for funds annually in the same month as the first distribution. If I am approved for an early release distribution, it will not change the distribution month for following distributions.

I represent that I have either (1) reached the age of eighteen (18) years and have graduated from high school or a GED program or (2) I have reached the age of twenty-two (22) years. I agree that the Tulalip Tribes has the authority to have access to my school records in order to verify any information concerning my completion of GED or High school diploma.

I hereby certify that my statements in this distribution request are complete and true.
 I understand that if I provide false documents, I will be prosecuted according to Tribal Law.

****MUST SIGN BEFORE A NOTARY PUBLIC****

Signature of Beneficiary

Date

NOTARY

Sign and attested before me on _____ by _____.

Notary Signature

Appt. Exp.

(SEAL)

Official Use****

Documentation:
Attach a copy of your diploma, transcript and proof of completion of financial education.

Early Release or lump sum payment: Letter requesting why the funds are needs and documentation proof.

- Distribution _____ of 4.
- Early Release of _____ Distribution.
- 1 time Distribution.
- Completed A Financial Class.

Enrollment Department Approval

Enrollment Signature

Date



Tulalip Enrollment
360-716-4300

DIRECT DEPOSIT
The Tulalip Tribes
Per Capita Minors Trust
Request for Distribution

Please Read - This form is to have your cash payment direct deposited to your personal bank account as a wire transfer. You must attach a copy of a voided check, deposit slip or letter from your bank verifying your account number. The Bank must be able to accept wire transfers. **DO NOT use any prepaid card or accounts with banks created online., ie Net Spent or Green Dot.

Account Information

Your name as it appears on the account: _____

Account Type: _____ Checking OR _____ Savings

Social Security Number: _____

Bank Name/City/State: _____

ABA/Routing/Transit # _____ Account Number: _____

NOTE: When completing this form, it is recommended that you contact your financial institution to confirm the routing and account numbers to be used for a wire transfer.

Authorization: I hereby authorize Matrix, the custodian for the Tulalip Tribes Per Capita Minors Trust, to deposit my cash payment to the financial institution account identified above.

Your Signature: _____ Date: _____



Tulalip Enrollment
360-716-4300

The Tulalip Tribes Per Capita Minors Trust Federal Income Tax Withholding Election

Generally, the distribution(s) you receive from the Trust are subject to Federal Income Tax (FIT).

The following percentage will be withheld from the taxable amount of your distribution balance for FIT, unless you make a different election below:

\$12,550 - \$22,500	10% withheld
\$22,501 - \$53,075	12% withheld
\$53,076- \$98,925	22% withheld
Over \$98,925	24%

Election

Please withhold the following percentage of my Trust distribution: %
(If you elect less than the percentage required above, your election will not apply.)

Representation

I understand that I am responsible for the Federal Income Tax on my Trust distribution. I further understand that this election must be returned before the Trust distribution is made; otherwise, there will be withholding taken, dependent upon the amount of my distribution. Finally, I understand that I will be responsible for paying my Federal Income Tax and I may be responsible for filing an income tax return (and I will need to file a return for any potential refund of tax overpayment).

Signature of Beneficiary

Date

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. Please see IRS Pub. 505 for an explanation of your estimated tax requirements and description of penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your distribution.

Statement. By January 31 of next year, the trust will furnish a statement to you on Form 1099-MISC, showing the total amount of your distribution and the total federal income tax withheld.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

	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		
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input checked="" 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		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 instructions for Part I, later. 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> , later.																																		
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="11" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="5"></td> </tr> </table>	Social security number																						-			-							
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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.	

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.

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.

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-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, later.

MINOR TRUST DISTRIBUTION SURVEY

High School Graduate/GED



(Optional) Name: _____

Age: _____

Tribal ID #: _____

Please fill out this short mandatory survey prior to your distribution, your name is optional.
We are having you complete this to see how we can help get more youth to graduate or earn a GED.

- 1) What or who was a key factor in getting your high school diploma or GED? Check all that apply.
- | | | | | |
|--------------------------------------|----------------------------------|---|--|---|
| <input type="checkbox"/> Just had to | <input type="checkbox"/> Parents | <input type="checkbox"/> Teachers | <input type="checkbox"/> Extended family | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Counselors | <input type="checkbox"/> Sports | <input type="checkbox"/> Boy/Girlfriend | <input type="checkbox"/> Friends | <input type="checkbox"/> Future plans/goals |

- 2) How do you feel the Tulalip Tribes can help get more youth to graduate or get a GED?
RATE: 1 for Dislike, 2 for Moderate and 3 for Like
- | | | | | |
|----------------------|-------------|---------------|---------------|------------------------|
| ____ Waking up early | ____ Sports | ____ Teachers | ____ Homework | ____ Friends/Socialize |
| ____ Workload | | | | |

- 3) What did you like and/or dislike most about school? RATE: 1 for Dislike, 2 for Moderate and 3 for Like
- | | | | | |
|----------------------|-------------|---------------|---------------|------------------------|
| ____ Waking up early | ____ Sports | ____ Teachers | ____ Homework | ____ Friends/Socialize |
| ____ Workload | | | | |

- 4) Did you pass the state requirements by the school district?
- Yes No

- 5) If you got your GED, did you do any tutoring with the Tulalip Tribes?
- Got GED Used Tulalip tutoring for GED Was Tulalip tutoring helpful? Yes No

- 6) If you got your GED, why did you not complete high school?
- | | |
|---|--|
| <input type="checkbox"/> Poverty: lack of school clothes, haircuts, or food | <input type="checkbox"/> Lack of support from family |
| <input type="checkbox"/> Absenteeism: inconsistency of attending school | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Hard to learn and understand | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drugs or alcohol: self or family members | |

If you withdrew from school, at what age or grade was it? _____

- 7) Were you expelled or suspended from school. No Yes: at what grade level: _____
(Estimates work fine. If answer is no, leave blank.)

- Your number of in-school suspensions
- Your number of out-of-school suspensions
- Were you sent to the office: No Yes: number of times _____
- Were you sent out of the classroom: No Yes: number of times _____

- 8) What kind of comments did you receive on your report card? Positive Negative

- 9) Did you have a mentor or counselor? No Yes: their name: _____

Return to Enrollment Office
YOU ONLY NEED TO COMPLETE ONE SIDE

MINOR TRUST DISTRIBUTION SURVEY

Aged Out (22+)



(Optional) Name: _____

Age: _____

Tribal ID #: _____

Please fill out this short mandatory survey prior to your distribution, your name is optional.
We are having you complete this to see how we can help get more youth to graduate or earn a GED.

1) At what age or grade did you withdraw from school? _____

2) What factors made you withdraw from school?

- | | |
|---|--|
| <input type="checkbox"/> Poverty: lack of school clothes, haircuts, or food | <input type="checkbox"/> Lack of support from family |
| <input type="checkbox"/> Absenteeism: inconsistency of attending school | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Hard to learn and understand | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Drugs or alcohol: self or family members | |

3) What do you feel the Tulalip Tribes could do to help youth stay in school?

- | | |
|--|--|
| <input type="checkbox"/> Liasons more involved | <input type="checkbox"/> Promote education |
| <input type="checkbox"/> Tribal K-12 | <input type="checkbox"/> Volunteers |

4) Do you want information on getting your GED?

Most jobs within the Tulalip Tribes require a GED or high school diploma.

- Yes No

5) Is there any additional information that you are seeking or a department you would like to contact? (college, jobs, financial, family services, health care, childcare)

6) Were you expelled or suspended from school. No Yes: at what grade level: _____

(Estimates work fine. If answer is no, leave blank.)

- Your number of in-school suspensions _____
- Your number of out-of-school suspensions _____
- Were you sent to the office: No Yes: number of times _____
- Were you sent out of the classroom: No Yes: number of times _____

7) What kind of comments did you receive on your report card? Positive Negative

8) Did you have a mentor or counselor? No Yes: their name: _____

Return to Enrollment Office
YOU ONLY NEED TO COMPLETE ONE SIDE



The Tulalip Tribes Per Capita Minors Trust

Designation of Beneficiary

Step 1: Enter Your Information and Authorization

Name: _____ SSN: _____
 Marital Status: (check one) _____ Is there a Domestic Relations Order Pending?
 Married / Single / Separated (check one:) Yes / No

Step 2: Enter Your Acknowledgements/Authorizations

By my signature below:

- I understand that I have the right to change or revoke the primary beneficiary designation with the approval of my spouse (if married) subject to receipt by the Enrollment Manager of my written designation prior to my death.
- I understand that I may change or revoke my contingent beneficiary designation at any time subject to receipt by the Enrollment Manager.
- I understand that if I am married, I must designate my spouse as my only primary beneficiary unless my spouse consents in writing in Step 4. If I am single and marry at a later date, I understand that my spouse will automatically become my only primary beneficiary. I understand that if I do not want my spouse to be my only primary beneficiary, I and my spouse may designate a different primary beneficiary.
- I hereby authorize the Enrollment Manager to provide for payment of any Death Benefits as directed by the Plan if my primary and contingent beneficiaries fail to survive me.
- I understand that my Beneficiary Designation shall become effective without further notice upon receipt by the Enrollment Manager and is made subject to all of the terms and conditions of the Plan.
- I hereby revoke any prior designation and do hereby direct that, upon my death, any benefit payable with respect to my account under the Plan shall be paid to the **primary beneficiary** named in Step 3. If I should die and no primary beneficiary is alive to receive any benefit payable from the Plan, I hereby direct that such benefit shall be paid to the **contingent beneficiary** named in Step 3.
- I understand that it is my responsibility to complete this form and that I cannot rely on my will, prenuptial agreement, separation agreement, property settlement agreement or court order to specify who will inherit my account, because the Plan does not use any of these documents to distribute death benefits.
- I understand that it is important to review how I have designated my Beneficiary Designation periodically – particularly when my life situation changes (e.g., by marriage, divorce, the birth or adoption of a child, or the death of a beneficiary).
- I understand that if I do not designate a beneficiary before the date of my death, my entire account will be distributed according to the terms of the Plan.
- I understand that if my children are my beneficiaries, they are minors and enrolled with Tulalip Tribes: (1) the Plan generally will transfer money directly to the minor's trust account.
- I understand that if my children are my beneficiaries, and they are minors and not enrolled with Tulalip Tribes: (1) the Plan generally will not transfer money directly to a minor and a court will have to appoint a trustee or guardian to receive the money; and (2) I should consider choosing a trustee (person or institution) now, and naming my children's trust as my beneficiary.
- I understand that I should consult with a tax advisor before naming a trust as a beneficiary, to be sure that the selection is appropriate and within the IRS Guidelines.
- I understand that all death benefit payments will be disbursed proportionally from all accounts in the plan and that any outstanding plan loans (if applicable) at the time of my death will become taxable income to my estate and not to my beneficiary.

Participant Signature _____ Date _____



The Tulalip Tribes Per Capita Minors Trust

Designation of Beneficiary

Step 3: Designate Your Beneficiary(ies)

By my signature below, I hereby designate the following beneficiary(ies) for my Plan benefits:

a: Primary Beneficiary(ies)

Name(s) and Contact Information	Relationship	Birth Date	Social Security Number	Share <small>(Must total 100%)</small>

b: Contingent Beneficiary(ies)

Name(s) and Contact Information	Relationship	Birth Date	Social Security Number	Share <small>(Must total 100%)</small>

(Attach additional sheets of paper if more space is required. Each category must total 100%.)

Participant Signature _____ Date _____

Step 4: Spousal Consent *(***Only required if married/separated, and spouse is not sole primary beneficiary***)*

I hereby acknowledge that my spouse has designated a Primary Beneficiary in place of me. I understand that by consenting to this designation, I am foregoing both present and future rights to these benefits if my spouse dies. I further understand my consent is irrevocable unless my spouse revokes the Primary Beneficiary designation on this form. By my signature below, I approve the designation made.

NOTARIZATION OF SPOUSE'S SIGNATURE:

STATE OF _____)

COUNTY OF _____)

Spouse's Signature

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared known to me to be the person whose signature is subscribed as the spouse to the foregoing Beneficiary Designation document, who acknowledged that he/she executed the same for the purposes herein contained.

WITNESS my hand and official seal.

Notary Public

My Commission Expires: _____

Please return completed forms to Rosie Topaum, Enrollment Manager for Approval

Enrollment Manager Approval Signature

Enrollment Manager Approval Date

Note: Be certain to fill out and return both pages, as the entire form must be completed.