



**MINOR'S PER CAPITA TRUST**

**Opt Out In Form For Investments Transfer**

Minor's Full Name: \_\_\_\_\_ Roll#: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Normally, you may change your election once per year, during the enrollment period in February. However due to the Covid 19 pandemic, you may make changes to your preferred investment strategy through the end of April. For example, you may elect to change your child's account to be more conservative or more aggressive. If you wish your child/ward to have their account transferred from the Balanced Portfolio Age Based Plan to Conservative Portfolio now or vice versa, you must complete the rest of this form and return to Enrollment by April 30, 2020. Going forward, the NEW funds contributed on behalf of the Minors will continue to be invested into the age-appropriate default Balanced portfolio. The investment options are listed below.

**Balanced Portfolios:** Age based strategy investing in a mix of stocks and bonds, becoming more conservative as the age group nears age 18.

**Conservative Portfolio:** Primary objective is to preserve capital, keeping up with inflation and perhaps an additional return.

**If you wish your child/ward's account transferred, check one of the boxes below.**

- Please transfer my child/ward's current per capita account balance from the Aged Based Portfolio to the Conservative Portfolio.**
- Please transfer my child/ward's per capita funds from the Conservative Portfolio to the Age Based Portfolio.**

**If you do not make a positive election by April 30, 2020, your child's account will remain invested as it is today with no change. Please return a completed form by April 30, 2020 to the Enrollment Office, to guide Enrollment and the record keeper on the investment choice of your child/ward's per capita funds .**

Enrollment Office  
6406 Marine Drive  
Tulalip, WA 98271  
Fax 360-716-0209  
Email: [RTopaum@tulaliptribes-nsn.gov](mailto:RTopaum@tulaliptribes-nsn.gov)

<b>LEGAL Custodial Parent or Guardian must sign:</b>	
<b><u>Mother:</u></b>	
Print Name: _____	Sign Name: _____ Date: _____ (Authorized Parent or Guardian)
<b><u>Father:</u></b>	
Print Name: _____	Sign Name: _____ Date: _____ (Authorized Parent or Guardian)
<b><u>Guardian:</u></b>	
Print Name: _____	Sign Name: _____ Date: _____ (Authorized Parent or Guardian)

\*\*\*\*\*OFFICAL USE ONLY\*\*\*\*\*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Entered: \_\_\_\_\_ Date: \_\_\_\_\_

Faxed 425-745-5017 or uploaded to TMA: \_\_\_\_\_ Date: \_\_\_\_\_