

# **Minors Trust Documents Check Off List**

## **ALL Distributions**

- Direct Deposit form from the bank – must have Name, Account and Routing Number.**
- Beneficiary Form (Due for every distribution)**

## **Distributions 1 & 2**

- High School Diploma or GED (Age: 18-21)
- Cash Class
- Virtual Financial Class
- Education Information Survey

## **Distribution 3:**

- Meet with a financial advisor
- Online Trust Post Payment Survey

## **Early Release:**

- Letter requesting the funds early and why signed and dated.
- Document showing proof of reason for the early release.
- Housing: Rental deposit, down payment, eviction or repairs.
- Automotive: New vehicle or repairs.
- Taxes to be paid
- Legal fees or fines.
- Medical conditions or bills, including pregnancy.
- Bill Consolidations
- School expenses

## **Lump Sum:**

**\*If requesting a Lump Sum, the 2 financial classes must be completed as well as the meeting with the financial advisor. \***

- 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
- Medical Bills or Care – Copies of bills or needs. Amounts must be close to trust balance.
- 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. Applicant Beneficiary Information**

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

**II. High School or GED Program Information** (If under 22 years of age) 1st request complete & attach the GED or High School Diploma.

1. School/Program name: \_\_\_\_\_
2. School/Program address: \_\_\_\_\_
3. School/Program phone number: \_\_\_\_\_
4. High School/GED graduation date: \_\_\_\_\_

**III. Financial Education**  Completed

**IV. Request**

I am requesting  \_\_\_\_ of 4 Distributions  
 \_\_\_\_ of 2 Early Releases (only apply if within 6 months of next distribution)

Must include:

- 1.) Letter requesting Early Release.
- 2.) Documentation of at least one of these: Housing: Rental deposit, down payments, evictions or repairs; Automotive: New Vehicle or repairs; Taxes; Legal fees or fines; Medical conditions or bills: including pregnancy; Bill Consolidations; School expenses.

\*If approved I understand my next distribution will not be until \_\_\_\_\_ because this is an early release of your next scheduled distribution Int. \_\_\_\_\_.

Lump sum

Must include:

- 1.) Letter requesting Lump sum.
- 2.) Documentation of: Purchase of Home/Land; Medical Bills; Business Start Up; Private Trust/Investment.

**V. Representation**

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\*\***

*A Notary is someone who verifies it is you signing the document. There are Notaries at the Tribal Admin Office.*

Don't sign until In-front of a Notary\*

**Signature of Beneficiary**

Date

NOTARY Portion\*\*\*\*\*  
Sign and attested before me on \_\_\_\_\_ by \_\_\_\_\_.

(SEAL)

Notary Signature

Appt. Exp.

\*\*\*\*\*Official Use\*\*\*\*\*

<input type="checkbox"/> Distribution ____ of 4.	<input type="checkbox"/> Cash Class
<input type="checkbox"/> Early Release ____ of 2 Distributions.	<input type="checkbox"/> Modules
<input type="checkbox"/> Lump Sum.	<input type="checkbox"/> Financial Advisor
	<input type="checkbox"/> Survey -3rd dist.

Enrollment Signature \_\_\_\_\_ Date \_\_\_\_\_

# DIRECT DEPOSIT

**Please Read-** This form is used 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, such as Net Spend, Green Dot or Chime etc.**

## Account Information -

Your name as it appears on the account: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking      or      \_\_\_\_\_ Savings

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.

## 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 is the minimum that will be withheld from the taxable amount of your distribution balance for FIT unless you make a different election below:**

\$16,101 ~ \$28,500	10% Withheld
\$28,501 ~ \$66,500	12% Withheld
\$66,501 ~ \$121,800	22% Withheld
Over \$121,800	24% Withheld

**Election** Please withhold the following percentage of my Trust distribution: \_\_\_\_\_ %

(If you elect less than the percentage required above, Matrix will still withhold the Minimum required.)

## 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).

**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.

Signature: \_\_\_\_\_  
Direct Deposit & Tax Withholding

Date: \_\_\_\_\_

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.Print or type.  
See Specific Instructions on page 3.

1 <b>Name</b> (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 of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	
<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) ► _____ <b>Note:</b> 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 <b>not</b> 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) ► _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
4 <b>Exemptions</b> (codes apply only to certain entities, not individuals; see instructions on page 3):  <input type="checkbox"/> Exempt payee code (if any) _____  <input type="checkbox"/> Exemption from FATCA reporting code (if any) _____	
5 <b>Address</b> (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 <b>City, state, and ZIP code</b>	
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 *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
-      -      -		
<b>Employer identification number</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
-      -      -		

or

<b>Employer identification number</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-      -      -									

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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** ►**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).

**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, later.*



## The Tulalip Tribes Per Capita Minors Trust

### Designation of Beneficiary

Page 1 of 2

#### Step 1: Enter Your Information and Authorization

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Marital Status: (check one)

Married /  Single /  Separated

Is there a Domestic Relations Order Pending?

(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.
- I understand that if I have a child(ren) after signing the beneficiary designation from the children will inherit the funds over my designees.

**Participant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## The Tulalip Tribes Per Capita Minors Trust

### Designation of Beneficiary

Page 2 of 2

#### 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 (Must total 100%)

##### b: Contingent Beneficiary(ies)

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

*(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 forgoing 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 \_\_\_\_\_)

Spouse's Signature \_\_\_\_\_

COUNTY OF \_\_\_\_\_)

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.  
Updated 4-13-23

# 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