

Minors Trust Documents check off 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 needed 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**

► Go to 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 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	
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. <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) ► _____ <small>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.</small> <input type="checkbox"/> Other (see instructions) ► _____	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>
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 *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.

Social security number								
				-				
or								
Employer identification number								
				-				

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.

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.