



Tulalip Enrollment
360-716-4300

**MINOR'S PER CAPITA TRUST
CANCELLATION - 100% OPTION FORM
2012, Month_____**

Minor's Full Name: _____ Roll#: _____

Date of Birth: _____

I, _____, being the parent or legal guardian of the above named child, submitted a 100% Option Form on _____. I hereby cancel this 100% option, so that 50% of my child/ward's future per capita payments, or such other percentage as approved by the Tribes, will be disbursed to me to be used exclusively for the health, education and welfare of the minor or ward.

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

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

Received By: _____ Date: _____

Entered: _____ Date: _____