

-MINOR TRUST FUND APPLICATION-

PLEASE READ CAREFULLY. The following information is regarding the payment of the Mille Lacs Band Minor Trust Fund. If you have any questions about this or do not understand, please ask. We will be glad to explain the payment schedule.

**APPLICATIONS RECEIVED/OR 20TH BIRTHDAY
IS IN THE FOLLOWING MONTHS:**

**MINOR TRUST PAYMENT
SHOULD BE ISSUED BY:**

January, February and by March 31st ----- April 30th

April, May and by June 30th ----- July 30th

July, August and by September 30th ----- October 30th

October, November and by December 30st ----- January 31st

Complete the entire Minor Trust Packet (Direct deposit form is optional). Return all of the original forms to the Enrollments Department at the Mille Lacs Band of Ojibwe Government Center. **DO NOT FAX THESE FORMS.** Our office will not accept faxed forms. **Original Signatures are required.**

Incomplete forms will not be processed and will be returned to you which might cause a delay in getting your funds.

If you have any questions, please call (320) 532-7512

-MINOR TRUST FUND APPLICATION-

I am requesting the Mille Lacs Band Minor Trust Monies.

NAME: _____

DATE OF BIRTH: _____

ENROLLMENT #: 410B-_____

SOCIAL SECURITY #: _____

PARENTS: FATHER: _____

MOTHER: _____

I have turned 20 years of age as of _____. Those turning 18 or 19 years of age MUST attach a copy of one of the following: [check one]

High School Diploma*

GED*

***NOTE:** In order for you to access your minor trust funds, you are required to send a copy of one of these documents. This is a requirement as set forth in the BIA Distribution Plan, which was passed by the Mille Lacs Band Assembly, effective December of 1999.

PLEASE NOTE: Those individuals who have turned [20] years of age are not required to present a high school diploma or GED.

Please send my check to the following address:

NAME: _____

PHONE: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

NOTE: Each individual must request their own funds. We cannot process a request submitted by a parent or guardian.

MAIL TO:

MILLE LACS BAND OF OJIBWE
43408 OODENA DRIVE
ONAMIA, MN 56359
ATTN: Enrollments Department



MILLE LACS BAND OF OJIBWE BURIAL INSURANCE POLICY

Purpose: The Mille Lacs Band of Ojibwe (MLBO) hereby adopts an amendment to the self-insured program that specifically assists with payment of burial and/or burial related expenses for its Band members. It is not the intent of this program that it be treated as an insurance policy for the purpose of providing for a deceased Band member's beneficiaries.

The following criteria shall be followed by the Office of Management and Budget (OMB) for all Band members:

1. Eligibility shall be for Mille Band of Ojibwe members only. In instances where the deceased is not a Band Member, but is eligible for enrollment according to the MCT Enrollment Ordinance, payment to assist with funeral and burial expenses shall only be at the discretion of the Band Assembly.
2. A Band member may designate a family member or closest living relative to take responsibility for all arrangements of his/her burial by filling out a "Burial Insurance Designation Form" (form is attached). If a Band member does not designate a specific individual, then the Band member's spouse, children, parents or siblings shall choose a family member amongst themselves to handle the burial arrangements and make such choice known to OMB prior to contacting the funeral home. If a family dispute should arise concerning the appointment of a designated family member payee, the family's Elder shall settle such dispute and make such decision known to OMB before a stipend will be paid.
3. After the designated individual or chosen family member notifies the Band Assembly Office of a Band member's death and, after OMB is notified, OMB shall prepare a family stipend in the amount of \$500.00 payable to the deceased Band member's spouse or family designee as provided in section 2 hereinabove. The purpose of this stipend is to assist the family with expenses such as food, travel, lodging or miscellaneous expenses. Such stipend shall be paid by check as soon as reasonably possible according to OMB's procedure to the deceased Band member's spouse or family designee.
4. The maximum payment for the cost of burial, grave-digging, other related costs, and the family stipend covered under this plan shall be in an amount up to \$9,200.00 for any Band member's burial/funeral expense. This amount shall be paid directly to the funeral home within (30) days and only after OMB's receipt of an itemized billing statement from the funeral home.
5. If a Band member owns a private burial insurance policy for payment of his/her personal burial expense, the Band, at its discretion, may authorize an amount of up to \$2,000.00 to a designated vendor to pay for a headstone or other funeral related expenses.
6. The Band Assembly reserves the right to amend or terminate this burial insurance program at any time as it deems necessary. This program is subject to amendment or termination dependent on the Band's financial condition.
7. If, for any reason, a deceased Band member's funeral expenses do not exceed \$9200.00, the remaining amount shall remain in the Band's general fund and shall not be payable to any individual beneficiary.

Exhibit A
MILLE LACS BAND OF OJIBWE
BURIAL INSURANCE DESIGNATION FORM

Name: _____

Enrollment Number: _____

Social Security Number: _____

I hereby swear and attest that I am currently an enrolled Band member with the Mille Lacs Band of Ojibwe whose membership number is given above. I have read the Mille Lacs Band of Ojibwe Burial Insurance Policy before signing this Designation Form and understand all the conditions contained therein.

I understand that it my responsibility to sign and return this completed form to the office of Management and Budget (OMB) to be kept in a confidential file. I further understand that if no Burial Insurance Designation form is on file with the Band, my spouse or family designee will make arrangements for my burial and that payment for my burial will be made according to the current burial policy.

I further understand that I have the right to change this form at any time if I wish to designate another individual to act as responsible party to make arrangements for my burial. Any change to this form must be completed in the office of Management & Budget and kept on file in that office.

I, my heirs, assigns or estate agree to hold harmless the Mille Lacs Band of Ojibwe, its officials or any of its employees from any claims arising from the Band's administration of this burial insurance program.

DESIGNATION

I, _____ hereby designate _____
whose relationship to me is _____ and whose address is:
_____ to arrange for my burial and to receive payment of
the burial insurance stipend.

If the above-named individual predeceases me or, is unable to perform the duties connected to my burial
for any reason, I then designate _____ as my designated individual whose relationship
to me is _____ and whose address is
_____ to make arrangements for my burial and
receive payment for the burial insurance stipend.

By signing below, I understand that any burial expenses connected to grave-digging, casket expense, or
miscellaneous expenses owed to the funeral home shall be paid directly to the vendors.

Signature of Band Member

Signed and sworn before me on this the _____ day of _____, 20____.

Notary Public, State of _____

My commission expires: _____

Notary Public

Mille Lacs Band of Ojibwe
Distribution Account
Direct Deposit Agreement Form

2017



Authorization Agreement

I hereby authorize **Mille Lacs Band of Ojibwe** to initiate automatic deposits to my account at the financial institution named below. I also authorize Mille Lacs Band of Ojibwe to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Mille Lacs Band of Ojibwe** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Mille Lacs Band of Ojibwe** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

☐

Savings

☐

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Per Capita Specialist.

January 3, 2017

To all Band Members and Employees of The Mille Lacs Band of Ojibwe

The Office of Management and Budget is pleased to announce another payment option available to you. The Band now has the ability to transmit funds electronically to your bank account for any checks that you may get from the Band in addition to your regular Payroll and Per Capita payments. The type of requests can include your Discretionary Loans, Elder Supplement, Circle of Health payments, mileage reimbursements and Child Support payments, in addition to contract checks or other monies that you may be owed. (All transactions will follow Band Policy)

What this means to you:

More security for you and your money

No more time spent waiting in line at the Bank or at OMB

Reduced costs to the Band

Reduced cost and aggravation related to lost checks

No more waiting for the mail

Your funds will be available to use much quicker

To take advantage of this new service - Please fill out the form at the bottom of this page completely, and return to The Office of Management and Budget at your earliest convenience. Fax to 320-532-5402

NAME _____ SIGNATURE _____

ADDRESS _____

CITY, STATE, ZIP _____ DATE _____

EMAIL ADDRESS: _____

BANK NAME _____

ROUTING # _____ ACCOUNT # _____

*Please note that any funds sent to your accounts in error will be reversed by the Mille Lacs Band of Ojibwe

Request for Taxpayer Identification Number and Certification

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

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | 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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <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.) | 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|---|--|
| Social security number | | | | | | | | | |
| | | | | - | | | | - | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

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 on page 3.

| | | |
|-----------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|-----------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**MILLE LACS BAND SCHOLARSHIP PROGRAM
ACADEMIC ACHIEVEMENT AWARD REQUEST**
Mail to: 43408 Oodena Drive, Onamia, MN 56359
1-800-709-6445 ext. 4775

Please attach a copy of your diploma, degree, or technical certification to request. Technical diplomas and/or certifications are awarded only if a student has attended the technical program at full-time status for a period of one academic year or more. Awards are dispersed to accredited programs only.

| | | | |
|---|--------------------------------|--------------------------------|----------------------------|
| Last Name | First Name | Middle Name | Maiden Name(if applicable) |
| Street Address | Apt # | City | State Zip Code |
| Date of Birth | Social Security # | Phone # () - | Enrollment # |
| Mother's Full Name | Maiden Name(s) | Tribal Affiliation/Reservation | Mother's Enrollment # |
| Father's Full Name | Tribal Affiliation/Reservation | | Father's Enrollment # |
| Institution Attended | | Graduation Date | |
| Field in Which Degree Earned : | | | |
| Degree Type: (circle type) GED AA AAS BA MA Tech. Diploma | | | |

PERMISSION OF RELEASE OF INFORMATION & UNDERSTANDING OF MLBSP GUIDELINES
I have read the MLBSP guidelines governing achievement requests and I declare that the information I have provided is true, accurate and complete to the best of my knowledge. I authorize the MLBSP to obtain my enrollment information and to release my graduation information for publishing purpose.

Signature of Applicant (if over 18 years of age) Date Parent's Signature (if applicant is under 18 Years of age)

TRIBAL ENROLLMENT OFFICE USE ONLY (APPLICANTS: DO NOT WRITE BELOW THIS LINE)

Applicant an enrolled member: ☐YES ☐NO Applicant's biological parent enrolled member: ☐YES ☐NO

Applicant enrollment #/blood quantum : _____ Biological parent enrollment #/blood quantum: _____

Comments: _____

I certify that the applicant/parent is an enrolled member of the Mille Lacs Band o Ojibwe and that the enrollment number(s) provided on this application is correct.

Tribal Enrollment Officer Signature

Date