

**A copy of your social security card must be attached with your request**

**C.T.S.I Tribal Member Minor Trust  
Request for Funds**

This request authorizes the Trust Officer of the Confederated Tribes of Siletz Indians (CTSI) to issue the funds in my minor trust account to me, because I reached eighteen (18) years of age on \_\_\_\_\_.

My identifying information is as follows:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Roll #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I certify that the above is my true and correct to the best of my knowledge.

Must be signed in the presence of a Notary Public

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**INDIVIDUAL ACKNOWLEDGEMENT**

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

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally appeared before me \_\_\_\_\_,  
\_\_\_\_\_ whom I know personally  
\_\_\_\_\_ whose identity I verified on the basis of \_\_\_\_\_,  
\_\_\_\_\_ whose identity I verified on the oath or affirmation of \_\_\_\_\_,  
a credible witness,  
to be the signer of the above and he/she acknowledged that he/ she signed it.

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_