

**FOR ACCOUNTING OFFICE USE ONLY**

Date Rec'd: \_\_\_\_\_ Amount: \_\_\_\_\_ SSN on File:  Yes  No  
Verified By: \_\_\_\_\_ Source: \_\_\_\_\_



**CONFEDERATED TRIBES OF SILETZ INDIANS  
TRIBAL MEMBER MINOR TRUST  
REQUEST FOR FUNDS**

**Print clearly in BLUE or BLACK ink**

***A CLEAR COPY of your social security card must be submitted with your request***

● ALL INFORMATION MUST BE COMPLETED ●

Full Name: \_\_\_\_\_  
*First Middle Last*

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

Mailing Address\*: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip Code*

Phone\*: \_\_\_\_\_ Other Phone\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

*\*This information will be used by the Enrollment Department to update your contact information.*

*I certify that the above is my true and correct information to the best of my knowledge. 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 have reached or will reach eighteen (18) years of age on \_\_\_\_\_.*

**X**

\_\_\_\_\_  
*Signature of Tribal Member*

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

***Must be signed in the presence of a Notary Public***

**CERTIFICATE OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

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

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me \_\_\_\_\_, whose identity I verified on the basis of a/an \_\_\_\_\_ and this instrument was acknowledged before me.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_