

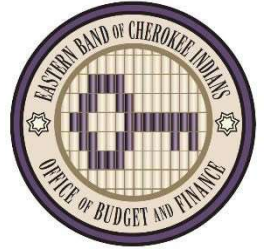


The Eastern Band of Cherokee Indians
Treasury Division – Office of Budget & Finance

Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-6000

Application for Disbursement of EBCI Minors Trust Fund

Return application to EBCI Office of Budget & Finance



MINORS FUND PARTICIPANT INFORMATION

Name: _____ Enrollment Number: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Telephone: (____) _____ - _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

 Signature Applicant Printed Name Date

Check one box below

Age 18 distribution, first payment of \$25,000. You must submit a copy of your high school diploma, GED, or official transcript (transcript is acceptable after the school year ends) AND certificate of completion for ManageYourEBCIMoney.org course. You must also be 18 before the deadline to qualify. If you do not meet all three criteria, this will delay your distribution. First payment is \$25,000 or 25% of account balance, whichever is less.

Age 21 distribution, second payment of \$25,000. You must be 21 before the deadline to qualify. If this is your second payment from the fund, you will receive \$25,000 or 25% of account balance, whichever is less. If this is your first payment, you will receive \$50,000 or 50% of account balance, whichever is less.

- Initial here if this your first disbursement from the fund _____

Age 25 distribution, the remaining balance of your trust fund with any earned interest.

All payments are subject to a 25% federal tax withholding. You are responsible for any applicable state taxes.

NOTARY ACKNOWLEDGEMENT

State of: _____ County of: _____. On this _____ day of _____, 20____. Before me, _____, the undersigned Notary Public for _____ County, personally appeared: _____

personally known to me; or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the within instrument, and acknowledged (SEAL) to me that he/she executed the same for the purposes therein stated.

 Signature of Notary Printed Name of Notary My Commission Expires



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 Treasury Division – Office of Budget & Finance
 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-6000
Application for Early Disbursement Direct Deposit Agreement



EBCI Minors Trust Fund Revised 6/4/2024

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF MINORS TRUST FUND DISBURSEMENT
****OPTIONAL****

NAME: _____

I hereby authorize EASTERN BAND OF CHEROKEE INDIANS to initiate credit entries to my account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

Checking **Savings**

Bank Name: _____ **Bank Address:** _____

City: _____ **State:** _____ **Zip:** _____

Account Name: _____

Routing Number: _____ **Account Number:** _____

Attach a VOIDED check or a letter from your financial institution with this form. Form is considered incomplete with verification.

By filling out this form, you accept that you are voluntarily enrolling in direct deposit for your Minors Trust Fund payment. You are responsible for keeping your bank account open. Any changes to your bank account may result in a late payment. The bank account for direct deposit must include the applicant’s name. If form is not filled out completely, a paper check will be mailed.

Deadlines are March 31, paid in June; June 30, paid in September; September 30, paid in December; and December 31, paid in March.

****Payments are not issued with Per Capita payments and come from Charles Schwab Bank. Minors Trust Fund payments are guaranteed by the 15th of the month.****