Three Affiliated Tribes
*404 Frontage Road * Fort Berthold Indian Reservation*
New Town, North Dakota 58763-9402
701-627-8100 FINANCE DEPARTMENT

INSTRUCTIONS FOR DISBURSEMENT OF FUNDS FOR MINOR TRIBAL MEMBERS UNDER AGE 14 AS OF 1-01-15

I,_____, hereby verify that I am the custodial parent/legal guardian of the minor listed below, who is in my custody and care. (If you are not the minor's biological parent, please provide legal documents, such as adoption or guardianship papers, indicating that you are the adoptive parent or legal guardian with physical custody of said minor. If you are not the minor's parent with whom the minor resides full-time or you are in a shared parenting relationship with regard to the minor, provide documentation that you have primary physical custody of the minor child for a minimum of 50% of the time, and legal custody, which means you have decision-making responsibility for the minor child that includes the right to physical custody, the right and duty to protect, cloth, shelter, educate and authorize and provide medical services.) The TAT Finance Department reserves the right to verify the information you provide.

CHILD'S NAME(Last,First.Middle)	DOB	Enrollment#	SS#	Relationship to Minor

MALE ☐ FEMALE ☐

PLEASE INITIAL Option A or Option B.

_____**Option A.** I am authorizing TAT Finance Department to send a check made to the **[Minor's Legal Guardian stated above] FOR THE BENEFIT OF [the minor child]** to the minor's primary residence on file with TAT Enrollment Office, for the amount of $500 authorized by TAT Resolution #14-151-VJB.

_____**Option B.** I am authorizing the TAT Finance Department to place in an interest bearing Trust Fund Account the amount of $500 authorized by TAT Resolution #14-151-VJB. Such funds shall be held for the benefit of my child until he/she reaches the age of 18 years at which time the funds will be released.

INDIVIDUALS GIVING INSTRUCTIONS FOR MINOR'S FUNDS ARE REQUIRED TO READ AND SIGN THE FOLLOWING STATEMENT:

I certify and attest that the information furnished on this form is true and correct to the best of my knowledge and that the TAT Finance Department may rely on and verify this information to authorize the funds for the designated minor as provided by TAT Resolution #14-151-VJB. I further agree that I may be held personally responsible for funds falsely distributed to me to the fullest extent of Tribal and federal law.

I, _____, custodial parent or legal guardian of the above mentioned minor have read and understanding the preceding instructions regarding my personal legal liability for any funds received from false information:

_____
Signature of person filing affidavit

STATE OF: _____)
COUNTY OF: _____)

Subscribed and sworn to before me this_____day of_____,20____

My Commission Number: _____
My Commission Expires:_____

(SEAL)

NOTARY PUBLIC:_____

PLEASE RETURN ONE FORM PER MINOR CHILD WITH ORIGINAL DOCUMENTS TO THE ABOVE ADDRESS. Faxes and emails will not be accepted.