

Individual Indian Monies (IIM)
Instructions for Disbursement of Funds and Change of Address
Office of the Special Trustee for American Indians -- <http://www.doi.gov/ost/>
If you have any questions call OST at: 1 – 888 – OST – OTFM (1-888-678-6836) TOLL FREE NUMBER

1	IIM ACCOUNT NUMBER OR TRIBAL ID NUMBER (If Known)				
2	CURRENT LEGAL NAME OF ACCOUNT HOLDER	First	Full Middle Name	Last	Suffix (e.g. Jr.)
	OTHER NAMES USED (Maiden or Also Known As, etc.)	First	Full Middle Name	Last	Suffix (e.g. Jr.)
3	DATE OF BIRTH (MM/DD/YYYY) and SOCIAL SECURITY #	_____ Date of Birth		____-____-____ Social Security Number	
4	CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS	(____) _____ Area Code Telephone Number		(____) _____ Area Code Cell Phone Number	
		Email address _____			
5	PAYMENT INSTRUCTIONS	<p>Select one of the following options:</p> <p><input type="checkbox"/> Automatically disburse all of my funds: I request all of my IIM funds be paid automatically when the account balance reaches the minimum threshold amount.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Specific instructions to disburse my funds: I request that my IIM funds be disbursed as follows (check only one box):</p> <p><input type="checkbox"/> No Current Disbursements - I request that my IIM funds be held in my account until I provide further instructions.</p> <p><input type="checkbox"/> One-Time Disbursement - I request that \$ _____ be paid to me on _____, and the balance be held in my IIM account until I provide further instructions. (Date)</p> <p><input type="checkbox"/> Scheduled Disbursements of Account Balance – I request that 100% of the account balance of my IIM funds be paid to me (circle one of the following: monthly, quarterly or annually) starting on _____. (Date)</p> <p><input type="checkbox"/> Other - I request that my IIM funds be disbursed as follows: _____</p> <p>_____</p>			
		<p>Third Party Payment</p> <p>Complete the following <i>only</i> if you want your payment made payable to someone other than you.</p> <p>Printed Name of Third Party Payee: _____</p> <p>Address of Third Party Payee:</p> <p>_____</p> <p style="text-align: center;">Street Address, PO Box, Rural Route Box</p> <p>_____</p> <p style="text-align: center;">Apt. No., Building Name</p> <p>_____</p> <p style="text-align: center;">City State Zip Code</p> <p>(____) _____</p> <p style="text-align: center;">Area Code Telephone Number</p>			

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6	METHOD OF PAYMENT Must select one option. NOTE: The electronic transfer of your IIM funds to an OST Debit Card or Direct Deposit to your checking or savings account helps to safeguard against lost, stolen or forged checks. In addition, you will generally receive your IIM funds quicker with electronic transfer since mail time for a check will vary depending on the United States Postal Service and the destination.	<input type="checkbox"/> Direct Deposit to checking or savings account Banking information – Attach a voided check or provide the following information: Routing #: _____ Account #: _____ Name on the Account: _____ Financial Institution Name: _____ Contact Telephone Number(s): _____ Financial Institution Address: _____ OR <input type="checkbox"/> OST Debit Card OR <input type="checkbox"/> Check NOTE: If you want your check to be delivered to an address different than the mailing address set forth in Section 7 below, please provide your check mailing address on a separate paper.
7	MAILING ADDRESS NOTE: Complete this section even if you are requesting an OST Debit Card or if you are receiving your funds by Direct Deposit.	_____ Street Address, PO Box, Rural Route Box _____ Apt. No., Building Name _____ City State Zip Code <input type="checkbox"/> Please check if this is a new address
8	YOUR SIGNATURE OR MARK NOTE: Your signature or mark must be witnessed. The witness must complete Section 9.	I certify that the information provided is true and correct. _____ Account Holder Signature or Mark Date
9	WITNESS OF ACCOUNT HOLDER'S SIGNATURE OR MARK NOTE: The witness must be age 18 or older, and must sign immediately after the Account Holder signs the document in Section 8. The dates in Section 8 and Section 9 must be identical.	I, the undersigned, certify that this request was signed in my presence. _____ Witness Signature Date _____ Printed Name of Witness Address: _____ (_____) _____ Street Address, Apt. No., PO Box, Rural Route Telephone Number _____ City State Zip Code

THIS SECTION FOR OST USE ONLY

ACCOUNT NUMBER:

SERVICE CENTER NUMBER:

DISB TICKLER/BCS NUMBER:

CSS NUMBER: