## 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

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th>IIM ACCOUNT NUMBER OR TRIBAL ID NUMBER <em>(If Known)</em></th>
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<tbody>
<tr>
<td><strong>2</strong></td>
<td>CURRENT LEGAL NAME OF ACCOUNT HOLDER</td>
</tr>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>OTHER NAMES USED</td>
<td></td>
</tr>
<tr>
<td>(Maiden or Also Known As, etc.)</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td>Full Middle Name</td>
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<tr>
<td><strong>3</strong></td>
<td>DATE OF BIRTH (MM/DD/YYYY) and SOCIAL SECURITY #</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Social Security Number</td>
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<td><strong>4</strong></td>
<td>CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS</td>
</tr>
<tr>
<td>Area Code</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

### Select one of the following options:

- **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.

  **OR**

- **Specific instructions to disburse my funds:** I request that my IIM funds be disbursed as follows (check only one box):

  - **No Current Disbursements** - I request that my IIM funds be held in my account until I provide further instructions.

  - **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.

  - **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)

  - **Other** - I request that my IIM funds be disbursed as follows: ____________________

### PAYMENT INSTRUCTIONS

#### Third Party Payment

Complete the following **only** if you want your payment made payable to someone other than you.

**Printed Name of Third Party Payee:** ____________________

**Address of Third Party Payee:**
- Street Address, PO Box, Rural Route Box
- Apt. No., Building Name
- City ____________________ State ______ Zip Code ________

| Area Code | Telephone Number |
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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.

☐ 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
☐ OST Debit Card

OR
☐ 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 ____________

☐ 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.

Account Holder Signature or Mark ______________________ Date ______________________

I certify that the information provided is true and correct.

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.

Witness Signature ______________________ Date ______________________

Printed Name of Witness ______________________

Address: ______________________ (_______)

Street Address, Apt. No., PO Box, Rural Route ______________________

City ______________________ State ____________ Zip Code ____________

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 ______________________

City ______________________ State ____________ Zip Code ____________

THIS SECTION FOR OST USE ONLY

ACCOUNT NUMBER: ______________________ SERVICE CENTER NUMBER: ______________________

DISB TICKLER/BMS NUMBER: ______________________ CSS NUMBER: ______________________