**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>1</th>
<th>IIM ACCOUNT NUMBER OR TRIBAL ID NUMBER (If Known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>CURRENT LEGAL NAME OF ACCOUNT HOLDER</td>
</tr>
<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td></td>
<td>(Maiden or Also Known As, etc.)</td>
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<tr>
<td></td>
<td>First</td>
</tr>
<tr>
<td>3</td>
<td>DATE OF BIRTH (MM/DD/YYYY) and SOCIAL SECURITY #</td>
</tr>
<tr>
<td></td>
<td>Date of Birth</td>
</tr>
<tr>
<td>4</td>
<td>CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS</td>
</tr>
<tr>
<td></td>
<td>Area Code</td>
</tr>
<tr>
<td></td>
<td>Email address</td>
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</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:**

<table>
<thead>
<tr>
<th>Street Address, PO Box, Rural Route Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apt. No., Building Name</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Telephone Number</th>
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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

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 __________________

______________________________ 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: __________________