



Oneida Nation  
Trust/Enrollment Department  
**Lati'shanalo'loks**  
(They Gather the Names)

P.O. BOX 365, ONEIDA, WI 54155-0365  
PHONE: (920) 869-6200 \* 1-800-571-9902  
[www.oneidationation.org/enrollment](http://www.oneidationation.org/enrollment)



ROLL #: \_\_\_\_\_

## FY-2016 MINOR TRUST PAYMENT/DEFERRAL FORM

### Section 1: Mandatory Member Information

Roll Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box Apt # City State Zip

DIPLOMA  
 TAX

### Section 2: Mandatory Payment Selection (Choose one)

I choose to receive **100%** of my Minor Trust Account **I will receive 100% of my payment**

#### Deferral Options

I choose to defer **100%** of my Minor Trust Account **I won't receive any funds this year**

I choose to defer **75%** of my Minor Trust Account **I will receive 25% of my payment**

I choose to defer **50%** of my Minor Trust Account **I will receive 50% of my payment**

I choose to defer **25%** of my Minor Trust Account **I will receive 75% of my payment**

25%  
 50%  
 75%  
 100%

OFFICE USE ONLY:

### Section 3: Voluntary Federal Income Tax Withholding Request (does not apply if you defer 100%)

**YES**, withhold 20% of my payment for federal income taxes

If you do not check yes in this section and your payment is over \$10,300, Mandatory Federal Income Tax will be withheld from your payment (see IRS Publication 15A for more information).

1 YEAR  
 3 YEAR

### Section 4: Contingent Beneficiary

If you chose to Defer, you will need to elect a contingent beneficiary to receive any remaining trust funds in your account in the event of your death.

Full Name	Address	Birth Date	Social Security #	Relationship	Percent

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**Section 5: Mandatory Member Signature and Notarization**

High School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

High School Address: \_\_\_\_\_  
Street or PO Box Apt # City State Zip

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**Section 6: Mandatory Member Signature and Notarization**

- If I completed Section 3, I hereby absolve the Oneida Nation of any liability for honoring this federal income tax withholding request.
- I have read and agree to the terms and conditions outlined on the Terms and Conditions that accompanied this form.
- I authorize the Oneida Trust/Enrollment Department to contact my school to verify my graduation status. This release also applied to GED/HSED testing status.
- I, the undersigned, under Penalty of Perjury, depose and say all information on this form is true and correct.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATE OF NOTARY PUBLIC OR ONEIDA ENROLLMENT OFFICIAL**

(SEAL/STAMP)

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_,  
Notary Signature: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

If the above member is under 18, a parent or guardian signature is also required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATE OF NOTARY PUBLIC OR ONEIDA ENROLLMENT OFFICIAL**

(SEAL/STAMP)

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_,  
Notary Signature: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

# FY-2016 Minor Trust Payment Terms and Conditions

1. PLEASE READ CAREFULLY AND KEEP THIS PAGE FOR YOUR RECORDS.
2. This form is separate from the Payment form you complete for the General Membership payment, different requirements and deadlines apply.
3. **MINOR TRUST PAYMENT FORM DEADLINE IS: 4:30 PM ON WEDNESDAY, JULY 1, 2016. NO EXCEPTIONS!**
4. **PROOF OF GRADUATION AND MINOR TRUST DIRECT DEPOSIT FORM DEADLINE IS 4:30 PM on Thursday, September 1, 2016 NO EXCEPTIONS!**

5. Please return your Completed/Notarized Minor Trust Payment Form & supporting documents to:

<b>FOR UNITED STATES POSTAL SERVICE (USPS)</b> ONEIDA ENROLLMENT DEPARTMENT PO BOX 365 ONEIDA WI 54155-0365	<b>*NO MAIL BOX* FOR COURIER DELIVERY ONLY (Fed Ex, UPS)</b> ONEIDA ENROLLMENT DEPARTMENT 210 ELM ST ONEIDA WI 54155
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6. Forms are **UNACCEPTABLE** and will be **VOIDED** if any of the following apply:
  - No authorized signature in section 6
  - Check address is incomplete
  - Copied/Faxed/Scanned
  - Notary section is incomplete (including missing seal)
  - Altered information (white out, crossing out)
7. For persons assigned as Power of Attorney/Guardian/Conservator, up to date, acceptable documentation must be on file with the Trust/Enrollment Department. Members identified as Incompetent, please note: these monies will be placed in an Adult Trust Account and are co-managed by the Trust Department. If you have any questions, please contact the Trust Department at (920) 490-3935.
8. To make changes to your check address, deferral options, and/or voluntary federal income tax withholding, you must submit a new, notarized Minor Trust payment form no later than 4:30 PM July 1, 2016.
9. Direct Deposit
  - **You are responsible to update/cancel your Direct Deposit information with the Enrollment Department.** Your direct deposit information will remain in effect **"INDEFINITELY"**.
  - Direct Deposit (ACH) forms can be obtained by contacting the Enrollment Department or by visiting our website.
  - Any changes to your direct deposit must be submitted no later than 4:30 PM on September 1, 2016.
10. This payment is **TAXABLE INCOME** and should be reported when you file your 2016 Federal **AND** State Tax Returns. We strongly advise you to consult with a professional tax advisor.
11. Mandatory Federal Income Tax Withholding is required on:
  - Payments as indicated on page 69 & 70 of IRS Publication 15-A
  - A mandatory back up withholding tax of 28% will be applied to payments for individuals who have not provided their Social Security Number or Non-citizenry information.

12. If you are claiming all or part of your Minor Trust Account your payment will be issued October 2016. If you chose to receive a check, please allow time for mail delivery.

13. Payment/Deferral Eligibility:

Age	Graduated before/between	Deferral Length	You are eligible to claim or defer again at age
Age 18 Born between September 2, 1997 & September 1, 1998	September 1, 2016	1 year	19
Age 19	September 2, 2015 & September 1, 2016	1 year	20
Age 20	September 2, 2015 & September 1, 2016	1 year	21
Age 21	N/A	3 years	24
Age 24	N/A	3 years	27
Age 27	N/A	3 years	30 (Must Claim)

14. Deferring your payment will leave all or part of your account invested with the Trust. If you defer, you cannot access your account until the next time you are eligible to claim or defer.

- Deferrals are applied at 1 year intervals at the ages of 18, 19, and 20.
- Deferrals are applied at 3 year intervals at ages 21, 24, and 27.
- At age 30 you cannot defer and must claim the entire balance of your account, if you fail to claim this balance by the required deadline the money will revert back to the Oneida Nation and you will no longer be eligible to receive this payment.

15. I understand that if I die before my benefits are paid, my benefits will be paid to my estate or to my Contingent Beneficiaries (if selected). Prior to age 18, my parents must execute a Contingent Beneficiary selection.

16. I understand that I may change my Contingent Beneficiary at any time (parent consent required if under age 18). A change must be notarized and accepted by the Trust/Enrollment Department prior to becoming effective. In the absence of a valid Contingent Beneficiary designation, Trust assets will be paid under the Tribe's probate laws.

17. I understand that my Deferral Agreement is irrevocable, except in the event of an Unforeseeable Emergency as provided in the Trust Agreement.

18. I understand that this Deferral Agreement and Payment Election Form are subject to all terms and conditions of the Trust Agreement.

19. I understand that Optional Minor Deferral Elections are limited to enrolled members, and that the Trustee, in its sole discretion, may cancel an election or accelerate any distribution if my tribal membership is relinquished.

20. I understand that the Trustee has discretion to place additional restrictions on my elections as necessary to avoid premature taxation through IRS doctrines of constructive Receipt and economic benefit.

21. I understand that my elections and any permitted changes are subject to restrictions and rules designed to comply with the Internal Revenue Code and prevent premature taxation.