

Trust Enrollment Department

PO Box 365, Oneida WI 54155
(920) 869-6200 * 1-800-571-9902

TrustEnrollments@oneidanation.org
<https://oneida-nsn.gov/resources/enrollments/>



ROLL #:

FY-2019 PAYMENT FORM

**MUST BE RECEIVED BY THE TRUST ENROLLMENT DEPARTMENT ON OR BEFORE
4:30 P.M. CST ON TUESDAY, SEPTEMBER 3, 2019.**

Section 1: Mandatory Member Information

Roll Number: _____ Birth Date: _____ Phone #: () - _____

First Name: _____ MI: _____ Last Name: _____

Address: _____
Street or PO Box Apt # (if any)

City _____ State _____ Zip Code _____

Please cancel my existing direct deposit. I wish to receive a check for all payments.

Address Change for Check Only

Section 2: Voluntary Federal Income Tax Withholding Request

YES, WITHHOLD 20% OF MY PAYMENT FOR FEDERAL INCOME TAXES

- I hereby request the Oneida Nation to withhold 20% of my FY-2019 payment and FY-2018 payment not yet received, if eligible, for my federal income taxes.
- This withholding request shall remain in effect until a new payment form is submitted to the Trust Enrollment Department.
- I hereby absolve the Oneida Nation of any liability for honoring this federal income tax withholding request.
- This payment is TAXABLE INCOME and should be reported when I file applicable tax returns.

Section 3: Mandatory Member Signature and Notarization

- I choose to RECEIVE the FY-2019 payment.
- I choose to RECEIVE the FY-2018 payment not yet received if eligible. I understand the last opportunity to claim the FY-2018 payment is Tuesday, September 3, 2019.
- I have read and agree to the Terms and Conditions that accompanied this form.
- If my per capita is being distributed through direct deposit and the bank rejects the deposit, I understand that a check will be issued to the address listed on my FY-2019 Payment Form. I also understand this will be the only re-issue and fees may be deducted from the distribution pursuant to Per Capita law.
- If I choose to receive my per capita payment in a check, I understand that I must cash the check or request it to be reissued by September 1, 2020, or my rights to the distribution will expire, pursuant to Per Capita Law, sections 123.5-2(e)(2) and 123.5-5(a)(2).
- I, the undersigned do hereby certify under penalty of perjury, that the information on this form is true and correct.

Member Signature: _____ Date: _____

CERTIFICATE OF NOTARY PUBLIC

Subscribed and sworn to before me this _____ day
of _____,

Notary Signature: _____

My commission expires: _____

(SEAL/STAMP)

REG

EG2

EG5

TAX

SUPP

INCOMP

OFFICE USE ONLY:

FY-2019 Terms and Conditions

1. To receive your payment, you are required to return the FY-2019 Payment Form with sections 1 and 3 completed even if you are signed up for direct deposit.
2. Please return your completed and notarized payment form to:

IN PERSON AT ONEIDA TRUST ENROLLMENT DEPARTMENT 8AM-4:30PM, MONDAY THROUGH FRIDAY 210 ELM ST ONEIDA WI 54155 A DROP-OFF BOX (NEXT TO FRONT ENTRANCE) IS AVAILABLE FOR NON-BUSINESS HOURS (FORM CONSIDERED RECEIVED THE NEXT BUSINESS DAY) (TRUST ENROLLMENT DEPARTMENT IS NOT RESPONSIBLE FOR ANY DAMAGE TO ANY FORMS)	
MAIL UNITED STATES POSTAL SERVICE (USPS) ONEIDA TRUST ENROLLMENT DEPARTMENT PO BOX 365 ONEIDA WI 54155-0365	COURIER DELIVERY (Fed Ex, UPS) *NO MAIL BOX* ONEIDA TRUST ENROLLMENT DEPARTMENT 210 ELM ST ONEIDA WI 54155

3. **PAYMENT FORMS MUST BE RECEIVED BY THE TRUST ENROLLMENT DEPARTMENT ON OR BEFORE: 4:30 P.M. CST on Tuesday, September 3, 2019. NO EXCEPTIONS!**

4. Payment forms are **UNACCEPTABLE** and will be **REJECTED** if any of the following apply:
 - Section 1 and/or 3 is incomplete
 - Copied/Faxed/Scanned
 - Notary section is incomplete (including missing seal)
 - Altered information (white out, crossing out)

5. Payment amounts (before taxes) for FY-2019 are:

	General	ELDER 62+	ELDER 65+
Amount:	\$1,300.00	\$2,000.00	\$703.54
		$\$1,300.00 + \$2,000.00 =$	$\$1,300.00 + \$2,000.00 + \$703.54 =$
Total Amount:	\$1,300.00	\$3,300.00	\$4,003.54

6. For a person filling out the form as a guardian/conservator/power of attorney, up to date and legally acceptable documentation related to the guardianship/conservatorship/power of attorney must be on file with the Trust Enrollment Department. For members identified as legally incompetent, their trust account funds will be placed in an Adult Trust Account which will be co-managed by the Trust Enrollment Department. Distribution from an Adult Trust Account is governed by the Per Capita law - Distributions Rule. If you have any questions, please contact the Trust Enrollment Department at (920) 869-6200 or 1-800-571-9902.
7. To make changes to your check address or voluntary federal income tax withholding, you must submit a new, notarized payment form no later than **4:30 P.M. CST on Tuesday, September 3, 2019.**
8. Need-based benefit programs may be affected by per capita distributions. Please consult with your caseworker or the appropriate agency if you have any questions or concerns.
9. The address listed on the payment form will be used to update all mailings on file with the Trust Enrollment Department if the address is different. However, if you check the "Address Change for Check Only" box, this will only update your check address.
10. A valid Social Security Number or Federal Tax Identification number is required for all member distributions by Federal Law under Treasury Regulation 301.6109-1(C). For further questions, please contact the Oneida Accounting Department: 920-490-3565.
11. A mandatory withholding of 28% will be applied to payments for individuals who have not provided their Social Security Number or Individual Taxpayer Identification Number (ITIN).
12. **Payments will be issued on September 30, 2019.** If you are receiving a check, please allow time for mail delivery.
13. If you opted for direct deposit and you have not received your deposit by September 30, 2019 or if you opted to receive a check and have not received it by October 14, 2019, please contact the Trust Enrollment Department.