



2024 MINOR TRUST PAYMENT/DEFERRAL FORM

ROLL #:

Section 1: Mandatory Member Information

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

First Name: _____ MI: _____ Last Name: _____

Address: _____
Street or PO Box Apt # City State Zip

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

DIPLOMA

21YR

DEFER:

%

CLAIM ALL

Tax Withholding

Direct Deposit

OFFICE USE ONLY:

Section 2: Mandatory Payment Selection (CHECK ONLY ONE BOX)

I choose to receive 100% of my Minor Trust Account

I will receive 100% of my account balance

I choose to receive _____% of my Minor Trust Account
(Please write whole numbers only. Decimals will be rounded to the nearest whole number.)

I won't receive the remaining percent this year

I choose to defer 100% of my Minor Trust Account

I won't receive any of my Minor Trust Account this year

Section 3: Voluntary Federal Income Tax Withholding Request (Does not apply if you selected to defer 100%)

- This section is optional; however, if you do not check yes in this section a Mandatory Federal Income Tax may be withheld from your payment
- If you opt for a Voluntary Federal Income Tax Withholding Request, please check the box and write in the in the percentage you wish to withhold (whole numbers only. Decimals will be rounded to the nearest whole number).
- If you check the box and do not write a percentage, then we will interpret your voluntary federal income tax withholding request to be 0%.
- **NOTE:** If the mandatory federal income tax rate for your distribution is higher than your voluntary federal income tax withholding request, the mandatory federal income tax rate will automatically apply as required by law.
- See Section 9 of Terms & Conditions for more information on how taxes may affect your distribution

YES, withhold _____% of my payment for federal income taxes

Section 4: Education Requirement, High School Information If you are at least 18, but not yet 21, proof of education is required as a condition to receive a trust distribution. (See item #2 of the Payment Terms and Conditions attachment). Please designate where you received your education.

High School Name: _____ Phone: _____

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

Section 5: Acknowledgement, 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 that accompanied this form.
- I authorize my educational agency or institution to release the following information to the Oneida Trust Enrollment Department for the purposes of payment or deferral of minor trust account payments: attendance records, verification of graduation status including GED/HSED testing status, documentation of learning or other disabilities, and documents relating to any findings of legal incompetence. I understand I have a right to inspect any written records released pursuant to this consent and that this consent will remain in effect until I revoke it upon providing written notice to the educational agency or institution.
- I, the undersigned, do hereby certify under penalty of perjury, that the information listed on this form is true and correct.
- I understand that deferral elections are valid only if made prior to my actual or constructive receipt of the distribution I wish to defer, and that the Trust Enrollment Department may apply additional restrictions or limitations as necessary to comply with applicable IRS requirements.
- I understand this form must be notarized OR witnessed by a staff member of the Trust Enrollments Department.

Member Signature: _____ Date: _____

(SEAL/STAMP)

CERTIFICATE OF NOTARY PUBLIC

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: _____

(SEAL/STAMP)

CERTIFICATE OF NOTARY PUBLIC

Subscribed and sworn to before me this _____ day

of _____, _____

Notary Signature: _____

My commission expires: _____

THIS FORM AND ANY CHANGES MUST BE RECEIVED IN THE TRUST ENROLLMENT OFFICE BY 4:30 P.M. CST MONDAY JULY 1, 2024.
Deadline to submit Diploma (original or a notarized photocopy) to the Trust Enrollment Office is 4:30 P.M. CST Tuesday, September 3, 2024.