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| --- | --- | --- | --- |
| 1 | IIM Account Number OR TRIBAL ID NUMBER (If Known) |  | |
| **2** | CURRENT LEGAL NAME OF ACCOUNT HOLDER | First Full Middle Name Last Suffix (e.g. Jr.) | |
| OTHER NAMES USED (Maiden or Also Known As, etc.) | First Full Middle Name Last Suffix (e.g. Jr.) | |
| **3** | DATE OF BIRTH (MM/DD/YYYY)and SOCIAL SECURITY # | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date of Birth | **\_\_\_\_\_\_\_\_\_\_\_ -- \_\_\_\_\_\_\_\_\_\_-- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Social Security Number |
| **4** | CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS | ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Area Code Telephone Number Area Code Cell Phone Number  Email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| 5 | PAYMENT INSTRUCTIONS | **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  (Date) 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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **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.  When oil & gas royalties are posted to your IIM account we will mail an Explanation of Payment (EOP) to you.  If your royalty payment is sent to you, either by Direct Deposit or by check, the EOP will be mailed to you at the same time.  If your royalty payment is held in your IIM account, an EOP will be mailed to you the day after it posts to your IIM account. | | **Direct Deposit to Checking Account Direct Deposit to 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **OR OST Debit Card**  **If Direct Deposit or OST Debit Card is selected, indicate**  **the preferred method of ACH Deposit Notification:**  **Email**  **Text**  **No Notification**  **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.** | | **I certify that the information provided is true and correct.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Holder Signature or Mark Date |
| 9 | WITNESS OF ACCOUNT HOLDER’S SIGNATURE OR MARKNOTE: 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  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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:** | | | | |

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| **THIS SECTION FOR OST USE ONLY** | | | | | | |
|  | **COMPLETE FOR TELEPHONE REQUESTS** | | | | | |
| I. Telephone request received:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\*Use security questions in Part II, to verify the account holder’s identity. | | | | II. Security Question(s): When changes are requested by telephone, verify the identity by using a combination of any 2 of the following **if information is available in TFAS**:  Social Security Number (last 4 digits or whole)  Date of Birth  Last Address of Record  IIM Account Number  Approximate Date and Amount of the Last Disbursement  NOTE: If identity is not verified, refer account holder to OST Field Office to make changes in person or by mail. | |
| III. OST Employee Information:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | **Security password verified? Yes Account holder has not created a security password** | | | | |
|  | | **COMPLETE FOR REQUESTS RECEIVED BY MAIL OR IN PERSON** | | | | |
| Date Received: | | | | Position Title: |
| Print OST Employee Name: | | | | Signature: |
|  | | Disbursement Authorizing Official Acct Bal.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: | | |
| Signature: | | |
| Print Name: | | |
|  | | | | | | |
|  | | | CSS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **SERVICE MANAGER #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prepared By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **RFM AUDIT TRAIL** |
|  | | | Approved By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post QA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **INITIALS TRAN # DATE** |
|  | | | CSS Encoder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Pre Q&A/CSS Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | TFAS Verification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Paperwork Reduction Act Statement:** This information is collected to manage trust fund accounts for account holders. The information is supplied to obtain or retain a benefit, which is ownership of an Individual Indian Money (IIM) account, by authority of the American Indian Trust Fund Management Reform Act of 1994. It is estimated that responding to the request will take approximately 15 minutes to complete, including the time it takes to gather the information and fill out the form. Your information will be held confidential by the Department, except as described below in the Privacy Act Statement. If you wish to provide comments about the Form, including the accuracy of the burden estimate and any suggestions for reducing the burden, please send them to the Office of the Special Trustee for American Indians, ATTN: Field Operations, 4400 Masthead NE, Albuquerque, NM 87109. Note: Comments, as well as the names and addresses of individuals who submit comments, are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget (OMB). The collection has been assigned a control number and expiration date by OMB. The number is located at the top left corner of the form and the expiration date follows immediately after the control number. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless a valid OMB control number appears on the face of the form.

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(a) provide trust and other services to beneficiaries;

(b) provide, use, operate or facilitate various components of the system;

(c) service and maintain the system for the Department.

Collection of your Social Security Number is authorized by 31 USC 7701.