

**Individual Indian Money (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

<b>1</b>	<b>IIM ACCOUNT NUMBER OR TRIBAL ID NUMBER</b> (If Known)	
<b>2</b>	<b>CURRENT LEGAL NAME OF ACCOUNT HOLDER</b>	First                      Full Middle Name                      Last                      Suffix (e.g. Jr.)
	<b>OTHER NAMES USED</b> (Maiden or Also Known As, etc.)	First                      Full Middle Name                      Last                      Suffix (e.g. Jr.)
<b>3</b>	<b>DATE OF BIRTH</b> (MM/DD/YYYY) and <b>SOCIAL SECURITY #</b>	_____ Date of Birth                      -- -- Social Security Number
<b>4</b>	<b>CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS</b>	( ) _____ ( ) _____ Area Code      Telephone Number                      Area Code      Cell Phone Number Email address: _____
<b>5</b>	<b>PAYMENT INSTRUCTIONS</b>	<p><b>Select one of the following options:</b></p> <p><input type="checkbox"/> <b>Automatically disburse all of my funds:</b> I request all of my IIM funds be paid automatically when the account balance reaches the minimum threshold amount.</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> <b>Specific instructions to disburse my funds:</b> I request that my IIM funds be disbursed as follows (check only one box):</p> <p style="margin-left: 40px;"><input type="checkbox"/> <b>No Current Disbursements</b> - I request that my IIM funds be held in my account until I provide further instructions.</p> <p style="margin-left: 40px;"><input type="checkbox"/> <b>One-Time Disbursement</b> - I request that \$ _____ be paid to me on _____, and the balance <b>be held in my IIM account</b> until I provide further instructions. (Date)</p> <p style="margin-left: 40px;"><input type="checkbox"/> <b>Scheduled Disbursements of Account Balance</b> – I request that 100% of the account balance of my IIM funds be paid to me (circle one of the following: <b>monthly, quarterly</b> or <b>annually</b>) starting on _____. (Date)</p> <p style="margin-left: 40px;"><input type="checkbox"/> <b>Other</b> - I request that my IIM funds be disbursed as follows: _____</p> <hr/> <p><b>Third Party Payment</b></p> <p>Complete the following <i>only</i> if you want your payment made payable to someone other than you.</p> <p><b>Printed Name of Third Party Payee:</b> _____</p> <p><b>Address of Third Party Payee:</b></p> <p>_____ Street Address, PO Box, Rural Route Box</p> <p>_____ Apt. No., Building Name</p> <p>_____ City                      _____ State                      _____ Zip Code</p> <p>( ) _____ Area Code      Telephone Number</p>

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<p><b>6</b></p>	<p><b>METHOD OF PAYMENT</b>  <b>Must select one option.</b>  <b>NOTE:</b> 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 <b>will generally</b> receive your IIM funds quicker with electronic transfer since mail time for a check will vary depending on <b>the United States Postal Service</b> and the destination.</p> <p>When oil &amp; 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.</p>	<p><input type="checkbox"/> Direct Deposit to Checking Account      <input type="checkbox"/> Direct Deposit to Savings Account</p> <p><b>Banking information – Attach a voided check or provide the following information:</b></p> <p>Routing #: _____ Account #: _____          Name on the Account: _____          Financial Institution Name: _____          Contact Telephone Number(s): _____</p> <p><b>OR</b> <input type="checkbox"/> <b>OST Debit Card</b></p> <p><b>If Direct Deposit or OST Debit Card is selected, indicate the preferred method of ACH Deposit Notification:</b></p> <p><input type="checkbox"/> <b>Email</b>  <input type="checkbox"/> <b>Text</b>  <input type="checkbox"/> <b>No Notification</b></p> <p><b>OR</b> <input type="checkbox"/> <b>Check</b></p> <p><b>NOTE:</b> 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.</p>
<p><b>7</b></p>	<p><b>MAILING ADDRESS</b>  <b>NOTE: Complete this section even if you are requesting an OST Debit Card or if you are receiving your funds by Direct Deposit.</b></p>	<p>_____</p> <p>Street Address, PO Box, Rural Route Box</p> <p>_____</p> <p>Apt. No., Building Name</p> <p>_____</p> <p>City State Zip Code</p> <p><input type="checkbox"/> Please check if this is a new address.</p>
<p><b>8</b></p>	<p><b>YOUR SIGNATURE OR MARK</b>  <b>NOTE: Your signature or mark must be witnessed. The witness must complete Section 9.</b></p>	<p>I certify that the information provided is true and correct.</p> <p>_____</p> <p>Account Holder Signature or Mark Date</p>
<p><b>9</b></p>	<p><b>WITNESS OF ACCOUNT HOLDER'S SIGNATURE OR MARK</b>  <b>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.</b></p>	<p>I, the undersigned, certify that this request was signed in my presence.</p> <p>_____</p> <p>Witness Signature Date</p> <p>_____</p> <p>Printed Name of Witness</p> <p>Address: _____ ( ) _____</p> <p>Street Address, Apt. No., PO Box, Rural Route Telephone Number</p> <p>_____</p> <p>City State Zip Code</p>
<p><b>THIS SECTION FOR OST USE ONLY</b></p>		
<p><b>ACCOUNT NUMBER:</b></p>		<p><b>SERVICE CENTER NUMBER:</b></p>
<p><b>DISB TICKLER/BCS NUMBER:</b></p>		<p><b>CSS NUMBER:</b></p>

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**COMPLETE FOR TELEPHONE REQUESTS**

I. Telephone request received:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 \*\*Use security questions in Part II, to verify the account holder's identity.

III. OST Employee Information:

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Position Title: \_\_\_\_\_  
 Office Phone Number: \_\_\_\_\_

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.

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 # \_\_\_\_\_

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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.