

Individual Indian Money (IIM)
Instructions for Disbursement of Funds and Change of Address
 Bureau of Trust Funds Administration -- <http://www.doi.gov/ost>
 If you have any questions call BTFA at: 1 – 888 – OST – OTFM (1–888–678–6836) TOLL FREE NUMBER

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	<p>Select one of the following options:</p> <p><input type="checkbox"/> 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.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Specific instructions to disburse my funds: I request that my IIM funds be disbursed as follows (check only one box):</p> <p style="margin-left: 20px;"><input type="checkbox"/> No Current Disbursements - I request that my IIM funds be held in my account until I provide further instructions.</p> <p style="margin-left: 20px;"><input type="checkbox"/> One-Time Disbursement - I request that \$ _____ be paid to me on _____, and the balance be held in my IIM account until I provide further instructions. (Date)</p> <p style="margin-left: 20px;"><input type="checkbox"/> 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)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other - I request that my IIM funds be disbursed as follows: _____</p> <hr/> <p>Third Party Payment</p> <p>Complete the following <i>only</i> if you want your payment made payable to someone other than you.</p> <p>Printed Name of Third Party Payee: _____</p> <p>Address of Third Party Payee:</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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6	METHOD OF PAYMENT Must select one option. NOTE: The electronic transfer of your IIM funds to a BTFA 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.	<input type="checkbox"/> Direct Deposit to Checking Account <input type="checkbox"/> 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 <input type="checkbox"/> BTFA Debit Card If Direct Deposit or BTFA Debit Card is selected, indicate the preferred method of ACH Deposit Notification: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> No Notification OR <input type="checkbox"/> 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 BTFA 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 <input type="checkbox"/> 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. _____ Date Account Holder Signature or Mark
9	WITNESS OF ACCOUNT HOLDER'S SIGNATURE OR MARK 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.	I, the undersigned, certify that this request was signed in my presence. _____ Date Witness Signature _____ Printed Name of Witness Address: _____ () _____ Street Address, Apt. No., PO Box, Rural Route Telephone Number _____ City _____ State _____ Zip Code
THIS SECTION FOR BTFA 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 : <input type="checkbox"/> Social Security Number (last 4 digits or whole) <input type="checkbox"/> Date of Birth <input type="checkbox"/> Last Address of Record <input type="checkbox"/> IIM Account Number <input type="checkbox"/> Approximate Date and Amount of the Last Disbursement NOTE: If identity is not verified, refer account holder to BTFA Field Office to make changes in person or by mail.			
III. BTFA Employee Information: Signature: _____ Print Name: _____ Position Title: _____ Office Phone Number: _____				
Security password verified? <input type="checkbox"/> Yes <input type="checkbox"/> Account holder has not created a security password				
COMPLETE FOR REQUESTS RECEIVED BY MAIL OR IN PERSON				
Date Received: _____	Position Title: _____			
Print BTFA 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 _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">INITIALS _____</td> <td style="width: 33%; border: none;">TRAN # _____</td> <td style="width: 33%; border: none;">DATE _____</td> </tr> </table>	INITIALS _____	TRAN # _____	DATE _____
INITIALS _____	TRAN # _____	DATE _____		
CSS Encoder _____	Pre Q&A/CSS Approval _____			
TFAS Verification _____	Account # _____			

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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 Bureau of Trust Funds Administration, ATTN: Field Operations, PO Box 26928, Albuquerque, NM 87125. 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.

Privacy Act Statement: This information collection document contains information that is covered under the Privacy Act of 1974, as amended, in the following system of records: OS—02, "Individual Indian Money (IIM) Trust Funds." The primary use of this information is to manage the collection, investment, distribution, and disbursement of individual and tribal income from Indian land trust funds. Submission of the information is required to obtain the benefit of having an Individual Indian Money account. The Bureau of Trust Funds Administration will not disclose any record containing such information without the written consent of the respondent except for the following: (1) it is needed to be sent to appropriate agencies, courts or parties for legal actions, (2) to the Dept. of Treasury so that it can make disbursements, (3) to the IRS for legally required reporting, (4) to appropriate agencies or law enforcement bodies concerning a specific potential violation of a statute or regulation, (4) to agencies or appropriate parties in the event of a breach for remediation purposes, (5) or to a party such as Congress to answer inquiries filed by the account holder. Other examples of those who may request this information are: (6) Individual Indian trust account holders, their heirs, guardians, or agents (7) Contractors, but only after ensuring that all provisions of the Privacy Act, the Trade Secrets Act, the Indian Minerals Development Act, and all other applicable laws, regulations, and policies relating to contracting and security are met, who:

- (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.