## 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 Sec	curity Number
4	CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS	( ) Area Code Email address	Telephone Number	( ) Area Code (	Cell Phone Number
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 \$			
		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			

# Expiration Date: 01/31/2024

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7	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.  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.	Banking information – Attach a voided check or pro  Routing #: Account #: Name on the Account:	dicate  s different than the mailing address set				
8	YOUR SIGNATURE OR MARK NOTE: Your signature or mark must be witnessed. The witness must complete Section 9.	Please check if this is a new address.  I certify that the information provided is true and correct.					
		Account Holder Signature or Mark	Date				
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.					
		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 BTFA USE ONLY							
ACCOUNT NUMBER: SERVICE CENTER NUMBER:							
DISB	TICKLER/BCS NUMBER:	CSS NUMBER:					

OMB Control No. 1035-0004 Expiration Date: 01/31/2024 Form BTFA 01-004

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	THIS SECTION FOR OST USE ONLY					
	COMPLETE FOR TELEPHONE REQUES					
	I. Telephone request received:  Date:Time: **Use security questions in Part II, to verify the account holder's identity.  III. BTFA 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 BTFA 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 BTFA Employee Name:		Signature:			
		Date:				
	Disbursement Authorizing Official	Signature:				
	Acct Bal	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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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.