



Three Affiliated Tribes

People's Fund Department

307 5th Avenue New Town, North Dakota 58763

701.627.8779

April 2024 Instruction For Disbursement Form

Resolution No. 24-084-FWF—April 2024 General Disbursement

FOR MINOR TRIBAL MEMBERS UNDER AGE 14 AS OF 08.01.2024

Parent/Legal Guardian Name: _____ Relationship to Minor: _____

(PLEASE PRINT CLEARLY)

I hereby verify that I am the custodial parent/legal guardian of the minor listed below, who is in my custody and care. (If you are not the minor's biological parent, please provide legal documents, such as adoption or guardianship papers, indicating that you are the adoptive parent or legal guardian with physical custody of said minor (if not already on file.) If you are not the minor's parent with whom the minor resides full-time or you are in a shared parenting relationship with regard to the minor, provide documentation that you have primary physical custody of the minor child for a minimum of 51% of the time, and legal custody, which means you have a decision-making responsibility of the minor child that includes the right to physical custody, the right and duty to protect, clothe, shelter, educate, and authorize and provide medical services.) The TAT Finance Department reserves the right to verify the information you provide.

CHILD'S NAME (First Middle Last) (Please Print Clearly) _____ DOB: _____ Enrollment #: _____

LEGAL GUARDIAN'S PHONE NUMBER: _____ Male Female

Current Mailing Address: _____

I authorize TAT Finance Department to send a check made to the [Minor's Legal Guardian stated above] FOR THE BENEFIT OF [the minor child] to the minor's primary residence on file with TAT Enrollment Office, for the amount of \$1,000.00 authorized by TAT Resolution #24-084-FWF.

INDIVIDUALS GIVING INSTRUCTIONS FOR MINOR'S FUNDS ARE REQUIRED TO READ AND SIGN THE FOLLOWING STATEMENT:

I certify and attest that the information furnished on this form is true and correct to the best of my knowledge and that the TAT Finance Department may rely on and verify this information to authorize the funds for the designated minor as provided by TAT Resolution #24-084-FWF. I further agree that I may be held personally responsible for funds falsely distributed to me to the fullest extent of Tribal and Federal Law.

I am the custodial parent or legal guardian of the above-mentioned minor and have read and understand the preceding instructions regarding my personal legal liability for any funds received from false information.

STATE OF: _____) _____

COUNTY OF: _____) Signature of person filing affidavit

Subscribed and sworn before me this _____ day of _____, 20_____

My Commission Number: _____ (SEAL)

NOTARY Public: _____

The TAT Finance Department will hold, in a Pooled Account, the amount of \$1,000.00 authorized by TAT Resolution 24-084-FWF for all forms not completed and submitted by August 1, 2024. Such funds shall be held for the minor child until he/she reaches the age of 18 years, at which time, the funds will be released.

PLEASE RETURN ONE FORM PER MINOR CHILD WITH NECESSARY DOCUMENTS TO THE ABOVE ADDRESS. Faxes and emails will not be accepted. Allow up to four weeks for processing once Finance receives your form.

DEADLINE TO SUBMIT THIS FORM IS 08.01.2024