Expiration Date: 01/31/2024

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	() ()		Cell Phone Number		
5	PAYMENT INSTRUCTIONS	Automati when the OR Specific i follows (c) No C prov One Sche bala or a Othe Third Party Complete the fi Printed Name Address of Th Street A	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 \$			

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6	METHOD OF PAYMENT Must select one option.	Direct Deposit to Savings Account							
	NOTE : The electronic transfer of your	Banking information – Attach a voided check or provide the following information:							
	IIM funds to a BTFA Debit Card or Direct Deposit to your checking or	Routing #: Account #: Name on the Account:							
	savings account helps to safeguard	Financial Institution Name:							
	against lost, stolen or forged checks. In addition, you will generally receive	Financial Institution Name: Contact Telephone Number(s):							
your IIM funds quicker with electronic transfer since mail time for a check will vary depending on the United States OR BTFA Debit Card									
	Postal Service and the destination. If Direct Deposit or BTFA Debit Card is selected, indicate								
	When oil & gas royalties are posted to	the preferred method of ACH Deposit Notification:							
	your IIM account we will mail an	☐ Email							
	Explanation of Payment (EOP) to you. If your royalty payment is sent to you,								
	either by Direct Deposit or by check,	☐ Text							
	the EOP will be mailed to you at the same time.	No Notification							
	you the day after it posts to your IIM account.	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	ate 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	I, the undersigned, certify that this request was signed in my presence.							
9	HOLDER'S SIGNATURE OR								
	MARK	Witness Signature	Date						
	NOTE : The witness must be age 18 or older, and must sign immediately after								
	the Account Holder signs the	Printed Name of Witness							
	document in Section 8. The dates in Section 8 and Section 9 must be	Addross	()						
	identical.	Address:Street Address, Apt. No., PO Box, Rural I	Route Telephone Number						
		City Sta	te 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:Tim **Use security questions in Part II, to ve identity.	e: rify the account holder's	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					
	III. BTFA Employee Information:							
	Signature:							
	Print Name:	Approximate Date and Amount of the Last Disbursement						
	Position Title:		NOTE: If identity is not verified, refer account holder to BTFA Fig					
	Office Phone Number:	Office to make changes in person or by mail.						
	Security password verified?							
	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:						
			1					
	CSS# DA		SERVICE MANAGER #					
	Date: Pre	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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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.