



**Individual Indian Monies (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> <p><b>Third Party Payment</b></p> <p>Complete the following <u>only</u> 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 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><b>Direct Deposit to checking or savings account</b></p> <p><b>Banking information – Attach a voided check or provide the following information:</b></p> <p>Routing #: _____      Checking      Savings          Account #: _____          Name on the Account: _____          Financial Institution Name: _____          Contact Telephone Number(s): _____          Financial Institution Address: _____</p> <p><b>OR      OST Debit Card</b></p> <p><b>If Direct Deposit or OST Debit Card is selected, indicate the method of ACH Deposit Notification:</b></p> <p>Regular Mail          Email          Text          No Notification</p> <p><b>OR      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 MAILING ADDRESS</b>  <b>NOTE:</b> <b>Complete this section</b> even if you are requesting an OST Debit Card or if you are receiving your funds by Direct Deposit.</p>	<p>_____ Street Address, <b>PO Box</b>, Rural Route Box</p> <p>_____ Apt. No., Building Name</p> <p>_____ <b>City</b>      _____ <b>State</b>      _____ <b>Zip Code</b></p> <p><input type="checkbox"/> Please check if this is a new address.</p>
<p><b>8 YOUR SIGNATURE OR MARK</b>  <b>NOTE:</b> Your signature or mark must be witnessed. The witness must complete Section 9.</p>	<p>I certify that the information provided is true and correct.</p> <p>_____ <b>Account Holder Signature</b> or Mark      _____ <b>Date</b> *</p>
<p><b>9 WITNESS OF ACCOUNT HOLDER'S SIGNATURE OR MARK</b>  <b>NOTE:</b> The witness must be age 18 or older, and must sign immediately after the Account Holder signs the document in Section 8. <b>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>_____ <b>Witness Signature</b>      _____ <b>Date</b></p> <p>_____ <b>Printed Name of Witness</b></p> <p>Address: _____ (_____) _____ <b>Telephone Number</b></p> <p>_____ <b>City</b>      _____ <b>State</b>      _____ <b>Zip Code</b></p>

**THIS SECTION FOR OST USE ONLY**

ACCOUNT NUMBER:

SERVICE CENTER NUMBER:

DISB TICKLER/BCS NUMBER:

CSS NUMBER:

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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: \_\_\_\_\_

U.I. 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 CENTER #** \_\_\_\_\_

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.

No need to return this page