



Section 1: Minor's Trust Beneficiary Information

Member Number: _____ Telephone Number: _____

Name: _____
 Last First Middle Maiden

Mailing Address: _____
 Street or P.O. Box Apt. # City State Zip

Date of Birth: _____ Current Age: _____
If under age 21, you must submit proof of high school graduation or equivalent (for example, proof of diploma or GED).

Section 2: How much would you like from your Trust Fund? (Choose One)

Trust Account payments will be distributed on January 1, April 1, July 1 and October 1. Beneficiaries who submit their Minor's Trust Account Applications to the Trustee at least 15 business days prior to the next scheduled distribution date will receive their first disbursement payment on the next scheduled distribution date.

_____ I have read and understand the Summary of Deferral Rules outlined in Section 3 (initial).

- Please send 100% of my Trust Account funds when due. Payments shall be made in four equal, quarterly installments unless and until I switch to a Smart Savings Deferral Program. I understand that I may change to a Smart Savings Deferral Program at any time by submitting a new application, but any change will only affect those funds actually in my Trust Account at the time I make such a change.
- I want to enter a Smart Savings Deferral Program. Please defer* a portion of my Trust Account for one year. My choice cannot be changed for one year. To receive my Trust Account funds or to continue to defer my Trust Account funds for the next year, I must complete a new Minor's Trust Account Application.
 *DEFER MEANS TO POSTPONE OR TO DELAY PAYMENT.

Please defer the following percentage of my Trust Account: _____%. This means I will receive \$ _____ over the next year, minus required federal withholding, distributed in four equal, quarterly payments.

Section 3: Summary of Deferral Rules (initial each line)

- I understand that an election to defer is irrevocable, except in the event of an unforeseeable emergency as provided in the Trust Agreement. _____ (initial)
- I understand that this Minor's Trust Account Application is subject to all terms, conditions and restrictions of the Trust Agreement. _____ (initial)
- I understand that Minor's Trust Account Applications are limited to enrolled members, and that the Trustee, in its sole discretion, may cancel an election or refuse any distribution upon dis-enrollment. _____ (initial)
- I understand that the Trustee has discretion to place additional restrictions on my elections as necessary to avoid premature taxation through IRS doctrines of constructive receipt and economic benefit. _____ (initial)
- If I want to make a change to this Minor's Trust Account Application based on an unforeseeable emergency, I understand that I will need to apply to the Trustee and provide documentation in support of my emergency. _____ (initial)
- I understand that my choices and any permitted changes are subject to restrictions and rules designed to comply with the Internal Revenue Code and prevent premature taxation. _____ (initial)
- I understand that this Minor's Trust Account Application will not be valid unless it is signed and accepted by the Trustee in Section 5. _____ (initial)

Section 4: Acknowledgement and Release of Information

I, the undersigned, under penalty of perjury, state that all information included on this form is true and correct.

Further, to verify my eligibility for the Minor's Trust Account, I authorize the Coyote Valley Band of Pomo Indians the authority to contact my school to verify my graduation status. This release also applies to GED/HSED testing status.

School Name: _____

School Telephone: _____

School Address: _____
Street or P.O. Box City State Zip

Minor's Trust Beneficiary Signature: _____ Date: _____

Section 5: Acknowledgement of Application Receipt by Trustee

The Trustee(s) of the Minor's Trust for the Coyote Valley Band of Pomo Indians hereby acknowledges receipt of this Minor's Trust Account Application.

Trustee Signature: _____ Date: _____

In order to receive or defer benefits, mail or deliver this form along with any required proof of a high school diploma or an equivalent to:

Trustee of the Minor's Trust Fund
Coyote Valley Band of Pomo Indians
PO Box 39
7601 North State Street
Redwood Valley, CA 95470

If you have any questions regarding this application, please contact Leland McGee, Tribal Administrator, at 707-485-8723.