

# PENOBSCOT NATION TRUST FUND MINOR FORM

Member's Name \_\_\_\_\_ (full legal name)

Member's Date of Birth: \_\_\_\_\_ Census Number (optional) \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member's Mailing Address		Member's Home Address (if different)	
Other Name		Other Name	
Street		Street	
P.O Box	Apt/Lot#	Apt#	Lot#
City	State	City	State
Zip Code		Zip Code	

*Action Required (select with a check mark below):*

- \_\_\_\_\_ 1. Hold 100% of all future per capita payments.
- \_\_\_\_\_ 2. Begin making annual per capita payments.
- \_\_\_\_\_ 3. Withdraw all of the money from this Holdback Trust Account.
- \_\_\_\_\_ 4. I want to withdraw \$ \_\_\_\_\_ from this Holdback Trust Account.

**Beneficiary (In the event of tribal member's death, this person will receive the balance held in trust)**

**Beneficiary Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Parent/Guardian Information**

Requesting Parent/Guardian	Other Parent/Guardian
Name	Name
Address	Address
City/State	City/State
Telephone Number	Telephone Number
Relation? Biological Father: _____ Biological Mother: _____ Other (explain): _____	Relation? Biological Father: _____ Biological Mother: _____ Other (explain): _____
Penobscot Nation Member? ( yes / no )	Penobscot Indian Nation? ( yes / no )

Are you the legal Guardian of the minor member? Yes \_\_\_\_\_ No \_\_\_\_\_ (*proof of such will be required*)  
Do you have primary residence for this minor member? Yes \_\_\_\_\_ No \_\_\_\_\_ (*proof of such will be required*)

*As legal guardian or parent of the aforementioned minor member, I (We) do hereby certify that the above information is true and accurate to the best of my (our) knowledge.*

Parent/Guardian # 1 Signature:

X \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public Certification**

I, \_\_\_\_\_, being a Notary Public, hereby certify that the above stated person did appear before me and presented proper identification and documentation to verify they are the person as presented and the foregoing application made is true and of his/her own free act and deed.

Date: \_\_\_\_\_ Notary Public: \_\_\_\_\_ Date Commission Expires. \_\_\_\_\_

*As legal guardian(s) or member parent(s) of the aforementioned minor member, I (We) do hereby certify that the above information is true and accurate to the best of my (our) knowledge.*

Parent/Guardian #2 Signature:

X \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public Certification**

I, \_\_\_\_\_, being a Notary Public, hereby certify that the above stated person did appear before me and presented proper identification and documentation to verify they are the person as presented and the foregoing application made is true and of his/her own free act and deed.

Date: \_\_\_\_\_ Notary Public: \_\_\_\_\_ Date Commission Expires. \_\_\_\_\_

Please Note: Both parents' signature must be present and notarized unless there are court documents validating full custody for a parent

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**FOR OFFICE USE ONLY – Do Not Complete below this line.**

\_\_\_\_\_  
**Trust Fund Clerk**

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Census No.**