



Bois Forte
TRIBAL GOVERNMENT

TRUST FUND RELEASE FORM

DATE: _____ DATE OF BIRTH: _____

I _____ will or am eighteen (18) years of age on _____
Name Date

and I am requesting the release of my trust fund.

Below is the information needed to release funds:

Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____

Please send my check to the following address:

Thank you,

Signature Date

MAIL TO THE ADDRESS BELOW

Notary Stamp

Signed before this _____ day of
_____ 20 _____.
In _____ County, State of

Notary Signature

5344 Lakeshore Drive | Box 16 | Nett Lake, MN 55772 | 218-757-3261 | 800-221-8129 | FAX 218-757-3312

Kevin W. Leecu David C. Morrison. Sr. Rav Villebrun. Sr. Mark E. Drift. Sr. Rav Toutloff

TRUST FUND INFORMATION

Office Use Only

Date Trust Fund Request Received by Enrollment Office _____

Date Authorization Letter Sent to Council for signing _____

Date Authorization Letter Faxed to financial institution _____

