



# Eastern Band of Cherokee Indians

Tribal Enrollment Office

PO Box 2069

Cherokee, NC 28719

Toll Free #: (800)357-2771

Phone #: (828)359-6464

Fax: (828)520-7104

## WAIVER OF DISTRIBUTION FROM QUALLA ENTERPRISES, LLC

DATE: \_\_\_\_\_

I, \_\_\_\_\_, hereby waive, surrender and release all of my rights to receive from the Eastern Band of Cherokee Indians any financial distribution derived from Qualla Enterprises, LLC, and any of its successor companies or entities.

I am making this release freely and voluntarily. I have not been threatened, intimidated or subjected to undue influence in any way that has caused me to make this release. I understand that by making this release I am giving up my right to receive a financial distribution that is being made available to all enrolled members of the EBCI pursuant to Tribal law. I do not expect or request any compensation or consideration in exchange for this release.

I understand that this release will remain in effect unless and until I revoke it. I understand that I can only revoke it in writing, and that the revocation is subject to approval and acceptance by the Tribe in its discretion. I understand that I will not be able to make a claim for any distribution from Qualla Enterprises, LLC, or its successors, that I missed during the effective period of this release.

### Member Information

Member Name:		Maiden if applicable:	
Enrollment #:	Social Security #:	D/O/B:	
<b>Member Signature:</b>		<b>Date:</b>	

### This section is for Enrollment Office use only

Received by:	Date:
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**To be considered complete this waiver must be notarized.**

**Please sign and date this form in the presence of a Notary Public and have the Notary Public fill out the Notary Acknowledgement on the back or second page of this form.**

**Notary Section for Waiver of Distribution from Qualla Enterprises, LLC**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me, \_\_\_\_\_, the undersigned Notary

Public for \_\_\_\_\_ County, personally appeared:

\_\_\_\_\_  
\_\_\_\_\_

**Names(s) of Signer(s)**

\_\_\_: Personally known to me; or

\_\_\_: Proved to me on the basis of satisfactory evidence

To be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

Witness my hand and official seal.

Notary Public  
Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Place Notary Seal and/or Any Stamp Above