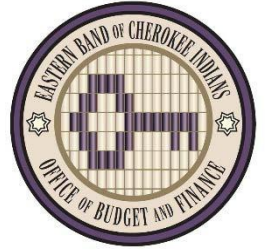




The Eastern Band of Cherokee Indians  
**Treasury Division – Office of Budget & Finance**  
 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085  
**Application for Disbursement of Minors Trust for Deceased Member**



**MINORS FUND PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ *Must attach copy of Certificate of Death*

**MOTHER OF DECEASED MEMBER INFORMATION**

Name of Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FATHER OF DECEASED MEMBER INFORMATION**

Name of Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MARITAL STATUS & DEPENDENT INFORMATION**

At the time of death, was the deceased:  Married  Single  Divorced

Did the deceased have any children?  Yes  No  Unknown

If yes, list any children born to or adopted by the deceased (if more space is needed, please attach a separate statement):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NOTARY ACKNOWLEDGEMENT**

State of: \_\_\_\_\_ County of: \_\_\_\_\_ . On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Before me, \_\_\_\_\_, the undersigned Notary Public for \_\_\_\_\_ County, personally appeared: \_\_\_\_\_

personally known to me; or  proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated. (SEAL)

\_\_\_\_\_  
 Signature of Notary Printed Name of Notary Date My Commission Expires