EBCI Minor's Trust Fund

Application for Disbursement for Deceased Member

Division of the Treasury - Office of Budget & Finance
PO Box 455 | 468 Sequoyah Trail | Cherokee, NC 28719
(828) 359-6000 | MinorsTrustFund@ebci-nsn.gov

Return completed, notarized applications by mail, hand delivery, or email to the EBCI Office of Budget & finance.
Emailed applications must be submitted as scanned PDF files. Images and/or illegible submissions will not be accepted.

MINORS FUND PARTICIPANT INFORMATION

Name: _____ Enrollment Number: _____
First Middle Last

Social Security Number:_____-_____-_____ Date of Birth:_____/_____/_____

Date of Death:_____/_____/_____ ***A Certificate of Death for the participant must be attached to the application.***

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 _____, _____
(day) *(month)* *(year)* *(name of principal)*

personally appeared before me, the undersigned Notary Public for the State of _____ , and ☐ having been personally known to me; or ☐ having proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the within instrument, acknowledged to me that he/she executed the same for the purposes therein stated.

(SEAL)

_____ _____ _____/_____/_____

Signature of Notary Printed Name of Notary My Commission Expires