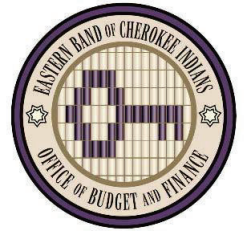




EBCI Minor's Trust Fund

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