

DELAWARE NATION

P.O. Box 825

Anadarko, OK 73005

Phone (405)247-2448/Fax (405)247-5942



Date office rec'd _____

Per Capita Application

In accordance with Article V – Calculation & Distribution of Per Capita Payments, Section 5, (c), “The Right to the monies accumulated in the Minors Trust Fund” including all accumulated income, if any, for each enrolled minor shall vest upon the minor reaching the age of eighteen (18) years. The person requesting the funds to the Executive Committee or its appointee shall approve application for payment upon attainment of age 18 years upon sufficient evidence showing eligibility. Distribution of any accrued per capita sums and accumulated income thereon shall be made at the end of the quarter in which the member attains age eighteen (18) years unless the trust beneficiary elects in writing to leave such funds invested in the trust.

I have read the above statement on Article V, Section 5 (c) of the Delaware Nation’s Per Capita Distribution Plan.

It is further understood that I am enrolled as a Delaware member and not dually enrolled with another tribe. All statements made are true to the best of my knowledge. I am also aware that any false statements made will result in paying the per capita payment back in full.

I have also been informed that I do have the right to appeal the decision made regarding my per capita payment request if denied.

Signature

Date

DELAWARE NATION



Per Capita Application

Name: _____ Birth Date _____ Roll# _____

Current Mailing Address: _____ City _____ State _____ Zip _____

Telephone: _____ Message: _____

The following documents need to be submitted with the Per Capita Application. This office cannot process your application until the following documents are submitted:

- Copy of Valid State Drivers License (*if one has been issued to you*)
- Copy of Delaware Nation CDIB
- Copy of Social Security Card
- Copy of Birth Certificate

FOR OFFICE USE ONLY

Enrollment Specialist

Date

Supervisor/Authorized Representative

Date

Approved _____ Disapproved _____ Date _____

Form Completed on: _____ Check # _____ Date Mailed _____

Remarks _____