



# BOIS FORTE TRUST FUND RELEASE FORM FOR AN APPOINTED GUARDIAN OR CONSERVATOR

**INSTRUCTIONS:** Provide all information requested below. Print legibly or type. Mail this form to the address below. DO NOT sign this form until you are in front of a Notary Public. *If this form is not notarized, it will be returned to you and it will/may delay the release of funds.* Once the Enrollment Office receives a properly completed form, the Tribal Council must sign an authorization directing the bank to release the funds. Funds will not be released until the 18<sup>th</sup> birthday of the trust beneficiary. A check will be mailed to the address provided. You may also pick up the check at the Park State Bank in Cook, MN during regular business hours, but arrangements must be made with the Park State Bank to do so.

**TRUST BENEFICIARY (WARD OR PROTECTED PERSON):**

**NAME:** \_\_\_\_\_  
First Middle Last Other

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**GUARDIAN OR CONSERVATOR INFORMATION (Documentation of appointment must be attached):**

**NAME:** \_\_\_\_\_  
First Middle Last Other

**ADDRESS:** \_\_\_\_\_  
Street/PO Box City State Zip

**PHONE NUMBER:** \_\_\_\_\_

The above named person will be or is 18 years of age on \_\_\_\_\_ and I am requesting the release of their trust fund.

**MAIL CHECK TO:**  
\_\_\_\_\_  
STREET/PO BOX  
\_\_\_\_\_  
CITY STATE ZIP

**AMOUNT TO BE RELEASE:**  
ALL \_\_\_\_\_ HALF \_\_\_\_\_  
OTHER \_\_\_\_\_ (write amount)

\_\_\_\_\_  
**GUARDIAN OR CONSERVATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

Notary Stamp

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

In \_\_\_\_\_ County in the state of \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

**MAIL TO THIS ADDRESS:**

BOIS FORTE TRIBAL GOVERNMENT  
ATTN: TRIBAL ENROLLMENT  
5344 LAKESHORE DRIVE  
NETT LAKE, MN 55772

**ENROLLMENT USE ONLY**

Date Received: \_\_\_\_\_

Date to Council: \_\_\_\_\_