



The Klamath Tribes Member Benefits Department

PO Box 436

Chiloquin, Oregon 97624

Request for Minor Trust Liquidation

Complete this form to liquidate a minor's trust account and attach a copy of your G.E.D. or High School Diploma for proof of meeting KTRAP requirements.

Date: _____ **Social Security Number:** _____

Name: _____
Last Name First Name Middle Name Maiden Name

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Klamath Tribal Roll #** _____

Date of Birth: _____ **Gender: Male** _____ **Female** _____

KTRAP Requirements: The minor has met the KTRAP requirement in Section 50.14(m) Per Capita Payments for Minor Qualified Tribal members, and (5). Minors shall receive one trust account maturity payment of the monies accumulated in the Minor's Trust Fund, including interest, for that particular minor, provided that the minor qualified tribal member has:

- i. Reached the age of EIGHTEEN (18), provided that the tribal member has graduated high school or obtained a G.E. D., or,
- ii. Graduated from high school or obtained a G. E. D. if the qualified tribal member is between the ages of EIGHTEEN (18) and TWENTY (20),
- iii. Reached the age of TWENTY-ONE (21) regardless if the tribal member has graduated from high school or obtained a G.E.D.

Application for maturity payment shall be approved by the Tribal Council or their delegate, upon sufficient evidence demonstrating the requirements of this Section have been satisfied

High School Diploma G.E.D. Reached age 21 *Attach copy to form*

Print Name
Not valid unless signed and dated by applicant

Signature Applicant/Date

APPROVALS
Initials and Date:

Member Benefits: _____ Enrollment: _____

GM: _____ Tribal Government: _____

Trust Officer Notified: _____ **Date:** _____