



**The Klamath Tribes  
Member Benefits Department**

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**Minor's Trust - Liquidation Application**

Minor's Trust Liquidation is available to enrolled minor Klamath Tribal Members with a Minor's Trust Fund, which is created on their behalf by the Klamath Tribes. In order to receive the (one-time) Minor's Trust Liquidation payment, the enrolled minor must meet the following requirements:

- ✓ Age 18 years or older, *and* possess a High School Diploma or G.E.D, *or*
- ✓ Age 21 years or older

If applying for liquidation before reaching age 21, the applicant must include documentation showing he/she has graduated High School or obtained a G.E.D.

**Applicant's Information**

Office Use Only

- 1. Full Legal Name: \_\_\_\_\_  
Last First Middle Suffix (Sr., Jr., III)
- 2. Other Known Name (eg. Maiden, Indian): \_\_\_\_\_
- 3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Roll #: \_\_\_\_\_
- 4. Head of Household (oldest living Tribal Member in the home): No  Yes
- 5. Mailing Address: \_\_\_\_\_  
Street City State Zip
- 6. Physical Address: \_\_\_\_\_  
(same as mailing)  Street City State Zip
- 7. Primary Phone: \_\_\_\_\_ (is this a mobile phone?) No  Yes  Call Only  Text
- 8. Message Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
- 9. Klamath Tribal Newsletter(s): Postal Mail  E-Mail  Both  None
- I meet the following requirement(s):
- 10. Age 18 years or older, *and* H.S. Diploma  *or* G.E.D  *or* Age 21 years or older
- 11. If this application is being submitted on behalf of an adult under guardianship, provide the following information for the person submitting this application:  
Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

By signing this document, I certify that the information provided is accurate and true to the best of my knowledge.

- 12. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed by:** Applicant  Legal Guardian of Adult\*

\*Must ensure legal documentation showing guardianship is on file.

Klamath Tribes Member Benefit's Office Use Only			
Date Received: _____	MB Staff Initials: _____	Member's Roll #: _____	
Gaming Eligibility Year: _____	Requirement Satisfied: H.S. Diploma <input type="checkbox"/>	G.E.D <input type="checkbox"/>	21yrs/older <input type="checkbox"/>
Approver's Initials: MB Director _____	GM _____	Trust Officer _____	Tribal Government _____
Guardian's Legal Doc. on file: _____			

This document was prepared under the provision of the Revenue Allocation Plan Klamath Tribal Code Title 7 Chapter 50, approved March 11, 2006 by General Council, Revised November 17, 2012.