

SHOSHONE-BANNOCK TRIBES
SALAZAR TRUST SETTLEMENT PER CAPITA DISTRIBUTION
OPTION FORM
ON BEHALF OF MINOR CHILD

I AM THE (MARK ONE ONLY)

() Natural Parent of _____(minor child's name) and further represent, that I have legal custody of said minor child and primary physical custody of said minor child more than 50% of the year.

() Legal guardian of _____(minor child's name) and have provided an official Court Order establishing said guardianship and I am the legal person to take possession of said person's per-capita distribution.

() Legal conservator of _____(minor child's name) and have provided an official Court Order establishing said conservatorship and I am the proper and legal person to take possession of said person's per capita distribution.

I ELECT TO CHOOSE THE DISTRIBUTION OPTION BELOW IN BEHALF OF ABOVE SAID MINOR CHILD: (**CHOOSE ONE**)

- A. _____ **If no selection is checked, *Minor will automatically receive (1/2) of the full amount and the remaining balance of will be held in trust for the minor until the age of 18 per General Council Resolution No. GNCL-2012-0623A Ratified by Resolution No. FHBC-2012-0649***
- B. _____ Minor receives \$1000.00 and remaining balance will be held in trust for the minor until the age of 18
- C. _____ *Minor receives 0, and the Full balance be held in trust for the minor until the age of 18.*

If disputes arise about who is authorized to receive the funds of a minor, all such funds will be withheld and deposited into the minor's trust account. Only a court order may resolve an alleged dispute; additionally once funds are deposited into a minor's trust account they may not be removed until the terms of the trust have been met.

I hereby certify that the information supplied on this form is true and all copies of documentation submitted in support thereof are true copies and understand that providing any incorrect, untrue or fraudulent information may result in criminal charges, including but not limited to perjury charges, or a civil lawsuit being brought against me.

Dated this _____ day of _____, 2012.

SIGNATURE

PRINTED NAME

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, 2012.

SEAL

NOTARY PUBLIC

Residing in: _____

My Commission Expires: _____