

ADULT KPT MEMBERS PER CAPITA INFORMATION FORM
INFORMATION REQUIRED

1. Legal Name of Enrolled Member (type or print):

First	MI	Last

2. Mailing Address:

Street and number or post office box		
City	State	Zip Code

NOTE: This is the address where information related to your per capita distribution will be sent. This is also the address to which the per capita distribution will be mailed if you do not pick the check up at the yet to be designated per capita distribution point. If you reside outside the United States, insert address information according to that country's mail system.

3. Do you live within the boundaries of the Kaibab Indian Reservation? Yes No

4. Tribal ID Number: (REQUIRED)

5. Date of Birth: (REQUIRED) 6. Male Female
Month Day Year

7. Social Security Number: (REQUIRED)

8. The IRS does not require the Tribe to withhold any income taxes from your per capita check. Would you like KPT to withhold taxes? Please check one Yes or No. If yes, what percentage or amount should the Tribe withhold? _____ % or \$ _____

9. Contact Phone Number:

Dated: _____

 (Signature of Person named in Question 1)

Dated: _____

 (Notary)

 (Printed Name)

Notary Mailing Address:

Street and number or post office box	City	State	Zip Code
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