

**E. Shoshone Dept. of Family Services / IIM Dept.  
Information for Distribution Plan request**

Name of IIM account holder: \_\_\_\_\_  
IIM acct. # \_\_\_\_\_  
DOB: \_\_\_\_\_

**25 CFR § 115.420 (c) Name of person requesting funds for account holder:**

Parent/Guardian name: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Home Telephone number: \_\_\_\_\_  
or Message number: \_\_\_\_\_

**25 CFR § 115.420 (f) Entity whom disbursement will be made:**

*(i.e., Custodial; Legal Guardian; Person recognized by BIA as having control and custody;  
Emancipated Minor; Third Party)*

Make check payable to: \_\_\_\_\_  
Address: \_\_\_\_\_

**25 CFR § 115.420 (h) Additional requirements and justification of how the distribution will  
benefit the account holder:**

*Address the health, education and welfare and how much the custodian can contribute to the  
need:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What other resources were explored before IIM Trust Funds was approved for the account  
holder?:**

*List the types of resources explored, and findings:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Receipts**

*25 CFR § 115 Subpart C § 115.420 (g) states, "The custodial parent, the legal guardian, the person who has been recognized by the BIA as having control and custody of the minor, or the emancipated minor must provide receipts to the BIA to show that expenditures were made in accordance with the approved distribution plan"*

**25 CFR § 115.420 (g) Name of person who will provide the receipts for disbursement:**

\_\_\_\_\_  
Printed Name

**25 CFR § 115.420 I certify that I have been consulted and agree to the terms of the distribution plan:**

\_\_\_\_\_  
Signature & Date

**(Attach the authorized disbursement request form and/or letter)**

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