



United States Department of the Interior

BUREAU OF TRUST FUNDS ADMINISTRATION

Washington, DC 20240

INSTRUCTIONS ON FILLING OUT FORM BTFA-01-004

1. Please fill out Sections 1 – 8. Do not sign Section 8 - Your Signature, until you are in front of a DOI employee or Notary.
2. Have a DOI employee or Notary complete Section 9, and Notary will include their stamp or seal in this section.
3. Include a copy of the following documents with the completed BTFA form:
 - Copy of Birth Certificate
 - Copy of Picture ID (Tribal, State or Federal)
 - Copy of Social Security card (or fill out Form W9, if SS card is unavailable)
 - Direct deposit authorization form, if you want a direct deposit to your bank account.

➤ **Please do not send original documents, as they will not be returned.**

4. Mail the completed forms to the following address:

**Bureau of Trust Funds Administration
Western Nevada Agency
PO Box 26928
Albuquerque, NM 87125**

NOTE: Contact BTFA for a status update (1) week after mailing your paperwork.

If you have any questions or need assistance with filling out Form BTFA-01-004, please feel free to contact BTFA.

**TRUST BENEFICIARY CALL CENTER
1-888-678-6836**

Individual Indian Money (IIM)
Instructions for Disbursement of Funds and Change of Address
Bureau of Trust Funds Administration -- <http://www.doi.gov/ost>
If you have any questions call BTFA at: 1 – 888 – OST – OTFM (1–888–678–6836) TOLL FREE NUMBER

1	IIM ACCOUNT NUMBER OR TRIBAL ID NUMBER (If Known)	
2	CURRENT LEGAL NAME OF ACCOUNT HOLDER	First _____ Full Middle Name _____ Last _____ Suffix (e.g. Jr.) _____
	OTHER NAMES USED (Maiden or Also Known As, etc.)	First _____ Full Middle Name _____ Last _____ Suffix (e.g. Jr.) _____
3	DATE OF BIRTH (MM/DD/YYYY) and SOCIAL SECURITY #	_____ Date of Birth _____ Social Security Number _____
4	CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS	() _____ () _____ Area Code Telephone Number Area Code Cell Phone Number Email address: _____
5	PAYMENT INSTRUCTIONS	<p>Select one of the following options:</p> <p><input type="checkbox"/> Automatically disburse all of my funds: I request all of my IIM funds be paid automatically when the account balance reaches the minimum threshold amount.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Specific instructions to disburse my funds: I request that my IIM funds be disbursed as follows (check only one box):</p> <p><input type="checkbox"/> No Current Disbursements - I request that my IIM funds be held in my account until I provide further instructions.</p> <p><input type="checkbox"/> One-Time Disbursement - I request that \$ _____ be paid to me on _____, and the balance be held in my IIM account until I provide further instructions. (Date)</p> <p><input type="checkbox"/> Scheduled Disbursements of Account Balance – I request that 100% of the account balance of my IIM funds be paid to me (circle one of the following: monthly, quarterly or annually) starting on _____. (Date)</p> <p><input type="checkbox"/> Other - I request that my IIM funds be disbursed as follows: _____ _____</p> <hr/> <p>Third Party Payment</p> <p>Complete the following <u>only</u> if you want your payment made payable to someone other than you.</p> <p>Printed Name of Third Party Payee: _____</p> <p>Address of Third Party Payee:</p> <p>_____ Street Address, PO Box, Rural Route Box</p> <p>_____ Apt. No., Building Name</p> <p>_____ City _____ State _____ Zip Code</p> <p>() _____ Area Code Telephone Number</p>

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THIS SECTION FOR OST USE ONLY

COMPLETE FOR TELEPHONE REQUESTS	
I. Telephone request received: Date: _____ Time: _____ **Use security questions in Part II, to verify the account holder's identity.	II. Security Question(s): When changes are requested by telephone, verify the identity by using a combination of any 2 of the following if information is available in TFAS : <input type="checkbox"/> Social Security Number (last 4 digits or whole) <input type="checkbox"/> Date of Birth <input type="checkbox"/> Last Address of Record <input type="checkbox"/> IIM Account Number <input type="checkbox"/> Approximate Date and Amount of the Last Disbursement NOTE: If identity is not verified, refer account holder to BTFA Field Office to make changes in person or by mail.
III. BTFA Employee Information: Signature: _____ Print Name: _____ Position Title: _____ Office Phone Number: _____	

Security password verified? Yes Account holder has not created a security password

COMPLETE FOR REQUESTS RECEIVED BY MAIL OR IN PERSON	
Date Received:	Position Title:
Print BTFA Employee Name:	Signature:

Disbursement Authorizing Official Acct Bal. _____	Date:
	Signature:
	Print Name:

CSS# _____ DATE _____	SERVICE MANAGER # _____
Date: _____ Prepared By _____	RFM AUDIT TRAIL
Approved By _____ Post QA _____	_____ INITIALS TRAN # DATE
CSS Encoder _____	Pre Q&A/CSS Approval _____
TFAS Verification _____	Account # _____

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Paperwork Reduction Act Statement: This information is collected to manage trust fund accounts for account holders. The information is supplied to obtain or retain a benefit, which is ownership of an Individual Indian Money (IIM) account, by authority of the American Indian Trust Fund Management Reform Act of 1994. It is estimated that responding to the request will take approximately 15 minutes to complete, including the time it takes to gather the information and fill out the form. Your information will be held confidential by the Department, except as described below in the Privacy Act Statement. If you wish to provide comments about the Form, including the accuracy of the burden estimate and any suggestions for reducing the burden, please send them to the Bureau of Trust Funds Administration, ATTN: Field Operations, PO Box 26928, Albuquerque, NM 87125. Note: Comments, as well as the names and addresses of individuals who submit comments, are available for public review during regular business hours. If you wish us to withhold this information, you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget (OMB). The collection has been assigned a control number and expiration date by OMB. The number is located at the top left corner of the form and the expiration date follows immediately after the control number. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless a valid OMB control number appears on the face of the form.

Privacy Act Statement: This information collection document contains information that is covered under the Privacy Act of 1974, as amended, in the following system of records: OS—02, "Individual Indian Money (IIM) Trust Funds." The primary use of this information is to manage the collection, investment, distribution, and disbursement of individual and tribal income from Indian land trust funds. Submission of the information is required to obtain the benefit of having an Individual Indian Money account. The Bureau of Trust Funds Administration will not disclose any record containing such information without the written consent of the respondent except for the following: (1) it is needed to be sent to appropriate agencies, courts or parties for legal actions, (2) to the Dept. of Treasury so that it can make disbursements, (3) to the IRS for legally required reporting, (4) to appropriate agencies or law enforcement bodies concerning a specific potential violation of a statute or regulation, (4) to agencies or appropriate parties in the event of a breach for remediation purposes, (5) or to a party such as Congress to answer inquiries filed by the account holder. Other examples of those who may request this information are: (6) Individual Indian trust account holders, their heirs, guardians, or agents (7) Contractors, but only after ensuring that all provisions of the Privacy Act, the Trade Secrets Act, the Indian Minerals Development Act, and all other applicable laws, regulations, and policies relating to contracting and security are met, who:

- (a) provide trust and other services to beneficiaries;
- (b) provide, use, operate or facilitate various components of the system;
- (c) service and maintain the system for the Department.

Collection of your Social Security Number is authorized by 31 USC 7701.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
Exempt payee code (if any) _____		
Exemption from FATCA reporting code (if any) _____		
<small>(Applies to accounts maintained outside the U.S.)</small>		
5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
-				-					
or									
Employer identification number									
-									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.