

Confederated Tribes of the  
Umatilla Indian Reservation

Enrollment Office



46411 Timine Way  
Pendleton, OR 97801

www.ctuir.org      email: info@ctuir.org  
Phone 541-429-7035      Fax: 541-278-5317

General Welfare Savings Account Withdrawal Request Form

This form is to be used for CTUIR Tribal members who are 18 years of age or older who have funds in the CTUIR General Welfare Savings Account.

Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_. The amount requested cannot exceed the amount of general welfare expenses on the attached General Welfare Savings Account Withdrawal Request Form. Any amount requested of \$2000 or higher must have a notarized signature.

I, the undersigned, certify that the money distributed to me will be used as a general welfare benefit to meet my needs for housing, food, health, education or other general welfare purposes as set forth in the attached General Welfare Application Budget Form and consistent with CTUIR general welfare programs and the CTUIR General Welfare Code. I agree to maintain documentation to support these general welfare expenses and to submit such documentation and such further applications, certifications or forms as may be needed to substantiate program compliance and all general welfare expenses incurred by me.

All distributions must be used for general welfare purposes. Any amounts that are not properly substantiated for compliance with Internal Revenue Code Section 139E and CTUIR general welfare programs will be reported as taxable on IRS Form 1099.

\_\_\_\_\_  
Signature of Applicant      Date of Application: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

**All requests must be submitted to the CTUIR Enrollment Office by the last day of each month and the distribution will be made by the 10<sup>th</sup> of the month following the date this application is received. Treatment of any distribution as non-taxable general welfare benefits is expressly subject to all requirements of Internal Revenue Code Section 139E. As regulations have not yet been issued under Code Section 139E, the procedures for application, substantiation and tax reporting are subject to change.**

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Date Received in Enrollment: \_\_\_\_\_ By: \_\_\_\_\_

Approved by: \_\_\_\_\_