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.

Full Name: _____

Enrollment Number: _____ Date of Birth: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Amount Requested: $_____

> **Note:** Any request in the amount of $2,000 or greater must include 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 Savings Account Withdrawal Request 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.

_____ Date of Application: _____
Signature of Applicant

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 10th of the month following the date this application is received.

Date Received in Enrollment: _____

Vendor #: _____

Received By:_____

Approved by:_____

BALANCES	
GW-SP: $ _____	GW-SV: $_____
SWD: $ _____	CT: $_____