



THE SENECA NATION OF INDIANS

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Seneca Nation
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CLERK
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Salamanca 14779
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APPLICATION FOR RELEASE OF MINORS TRUST

I, _____, hereby request that the Seneca Nation of Indians release the Minors Trust Fund Account that has been withheld for my benefit.

Seneca Enrollment Number: _____ Date of Birth: _____

Current Mailing Address: _____

Social Security #: _____ Contact Number: _____

I hereby certify that I am: (Check appropriate box)

At least twenty-one (21) years of age (Attach documentation)

At least eighteen (18) years of age and have earned a high school diploma or a N.Y.S. Test Assessing Secondary Completion (TASC) or General Equivalency diploma (other states). (Attach the ORIGINAL certificate of Educational Achievement or an Original issuer-certified copy)

At least eighteen (18) years of age and am unable to obtain a high school diploma or TASC as a result of medically documented mental or physical disability or incapacity. (Attach the ORIGINAL opinion of an appropriate medical professional)

I understand that it is solely my personal responsibility to protect the use and handling of my Minor Trust Fund monies. I hereby release the Seneca Nation of Indians from any liability for my own personal actions in the handling of my Minors Trust funds.

Signature of Applicant: _____ Date: _____

Notary Public:

State of _____
County of _____

On this ____ day of _____, 20 ____, before me, the subscriber, personal appeared to me personally known and known to me the same person described in and who executed the within instrument and he/she acknowledge to me that he/she executed the same.

Notary Public's Signature

NOTE: Only ORIGINAL documents will be accepted. No faxes, emails and/or photocopies will be accepted.