

# HABEMATOLEL POMO OF UPPER LAKE PROP 1-A Contact/Notification/Withholding/Release Form

## CONTACT INFORMATION

Full Legal Name, as it appears on your Social Security card \_\_\_\_\_

A.K.A. or Nick Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

## NOTIFICATION PREFERENCES

- Please notify me by telephone at this number (\_\_\_\_\_) \_\_\_\_\_ --- \_\_\_\_\_
- Please notify me by Email at this address \_\_\_\_\_ @ \_\_\_\_\_
- I do not need to be notified, please just mail payment to my mailing address
- Check this box to waive Certified Return Receipt Mail
  - Please note that by waiving certified mail you are assuming the responsibility for any fees associated with re-issuing your Prop 1-A check. This can include a \$20 stop payment fee and any additional postage. Also, you acknowledge that the Tribe has (10) ten days to reissue any checks lost in the mail due to waiver of certified return receipt.

## TAX WITHHOLDING INFORMATION

\_\_\_\_\_ Social Security Number

- I hereby authorize the Tribal Office to Withhold \_\_\_\_\_% from each of my Prop 1-A Distributions
- I hereby authorize the Tribal Office to Withhold \$ \_\_\_\_\_ from each of my Prop 1-A Distributions
- I do NOT authorize any taxes to be taken from my Prop 1-A Distributions.

## CHECK RELEASE INFORMATION

I hereby authorize the Tribal Office to release my Prop 1-A Check to the following persons

_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*This form is valid until revoked and/or changed. All changes must be made in writing and received by the Tribal Office before the end of the quarter in order to take affect for that distribution.\***

Signature (Legal Guardian for Minors) \_\_\_\_\_

\_\_\_\_\_ Date

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_