

SUPERVISED INDIVIDUAL INDIAN MONEY (IIM) ACCOUNTS: DISTRIBUTION PLAN

BIA Office of Indian Services, Division of Human Services, 2019 version

ACCOUNT HOLDER NAME	
DATE OF BIRTH (mm/dd/yyyy)	
BEGINNING AND EXPIRATION DATE	-

NOTE: OTFM will only make payments based on a fully completed and approved BIA distribution plan.

A - ACCOUNT HOLDER INFORMATION (Self-explanatory)

ACCOUNT HOLDER'S FULL NAME (First, Middle, Last Name, and Suffix) 	OTHER NAMES USED (For example: maiden, also known as [AKA], etc.)
DATE OF BIRTH (mm/dd/yyyy) 	SOCIAL SECURITY NUMBER

B - PERFORMANCE STATEMENT AND 1099 MAILING INFORMATION (See instructions on last page)

FULL NAME (First, Middle, Last Name, and Suffix) OF: 9 ACCOUNT HOLDER OR (if applicable), 9 CUSTODIAL PARENT OR 9 GUARDIAN/9 If Guardian, court order attached 	MAILING ADDRESS (Street or P.O. Box, City, State, and Zip Code)
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C - ACCOUNT INFORMATION (Self-explanatory)

IIM ACCOUNT NUMBER(S) (Identify account(s) covered by the plan) 	TYPE OF ACCOUNT SUPERVISION (Please check appropriate box) 9 ADULT IN NEED OF ASSISTANCE 9 LEGAL DISABILITY 9 NON COMPOS MENTIS (Court Order Attached) 9 EMANCIPATED MINOR 9 MINOR
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D - DISTRIBUTION PLAN INFORMATION (Self-explanatory)

TYPE OF DISTRIBUTION PLAN (Please check appropriate box and provide date)

9 INITIAL DISTRIBUTION PLAN
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9 MODIFICATION OF PLAN (Provide date of initial plan to be modified: mm/dd/yyyy)
.....

9 SUSPENSION OF PLAN (Provide date of initial plan to be suspended: mm/dd/yyyy)
.....

9 CANCELLATION OF PLAN (Provide date of initial plan to be canceled: mm/dd/yyyy)
NOTE: BIA Officer-in-Charge has approved removing the restriction from the account.

PRIVACY ACT STATEMENT

AUTHORITY: 25 CFR Part 20 and 25 CFR Part 115. **PURPOSE:** Information collected will be used to evaluate whether payments/withdrawals under the Distribution Plan are deemed to be in the best interest of the Account Holder. **ROUTINE USES:** The information will be used for disbursing money by a Federal agency, creation of a Distribution Plan for expenditures for a supervised Individual Indian Money account. This information will be entered into Interior/BIA-8, Financial Assistance and Social Services—Case Management System, system of record. Disclosure of this information is subject to all published routine uses identified in the Privacy Act System of Records Notice interior/BIA-8, Financial Assistance and Social Services—Case Management System. Executive Order 9397 authorized the collection of your Social Security Number. **DISCLOSURE:** Voluntary; however, this information is required before the Bureau of Indian Affairs can make financial disbursements, and may result in disapproval of your Distribution Plan.

**SUPERVISED INDIVIDUAL INDIAN MONEY (IIM)
ACCOUNTS: DISTRIBUTION PLAN**

ACCOUNT HOLDER NAME	
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E - PAYMENT INFORMATION (If there are more than two separate disbursements, check this box and use the extra section E provided on page 3)

PURPOSE OF THE DISBURSEMENT (E.G., RENT, UTILITIES, CLOTHING, ETC.)	
FREQUENCY (M=Monthly, Q=Quarterly, W=Weekly, BW=Bi-Weekly, A=Annual, O=One Time)	STOP DATE (mm/dd/yyyy)
DATE PAYMENT DUE TO PAYEE (OTFM-Allow 5 days for check/2 days for Direct Deposit delivery)	
PAYMENT AMOUNT (\$) AND IIM ACCOUNT NUMBER(S) (From which payment will be made)	(\$) IIM ACCOUNT #
NAME OF PAYEE (First, Middle, Last Name, Suffix, or Name of Business)	
<input type="checkbox"/> PAYMENT BY CHECK (Enter mailing address/Street or P.O. Box, City, State, and Zip Code)	
<input type="checkbox"/> PAYMENT BY DIRECT DEPOSIT/EFT (Please complete a. through c. below)	<input type="checkbox"/> CHECKING ACCOUNT OR <input type="checkbox"/> SAVINGS ACCOUNT
a. NAME(S) ON THE BANK ACCOUNT (First, Middle, Last Name, Suffix, or Business Name)	
b. BANK ROUTING NUMBER & PAYEE'S BANK ACCOUNT NUMBER	
c. NAME OF BANK AND TELEPHONE NUMBER	

E - PAYMENT INFORMATION (Continued - See instructions on last page)

PURPOSE OF THE DISBURSEMENT (E.G., RENT, UTILITIES, CLOTHING, ETC.)	
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9 PAYMENT BY DIRECT DEPOSIT/EFT (Please complete a. through c. below)	9 CHECKING ACCOUNT OR 9 SAVINGS ACCOUNT
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F - RECOMMENDING AND AUTHORIZING OFFICIAL SIGNATURES (See instructions on last page)

RECOMMENDING OFFICIAL	BIA OFFICER-IN-CHARGE
DATE SIGNED (mm/dd/yyyy) <i>This is the recommendation date.</i>	DATE SIGNED (mm/dd/yyyy)
SIGNATURE <i>(Signature acknowledges that the recommended payments/withdrawals under the Distribution Plan are deemed to be in the best interest of the Account Holder).</i>	SIGNATURE <i>(Signature certifies that the payments/withdrawals under the Distribution Plan are deemed to be in the best interest of the Account Holder).</i>
PRINT NAME AND TITLE	PRINT NAME AND TITLE
PHONE NUMBER	PHONE NUMBER

G - BIA INTERNAL USE ONLY- AFTER APPROVAL (See instructions on last page)

OTFM <i>(Date sent to OTFM)</i>	INITIAL	DATE
CASE FILE <i>(Date filed by BIA)</i>	INITIAL	DATE

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INSTRUCTIONS TO COMPLETE THE SUPERVISED IIM ACCOUNT DISTRIBUTION PLAN

Top Right-Hand Corner of Plan:

(For BIA Reference – this information must be provided on each page of the Distribution Plan.)

Beginning date Enter Beginning Date **after** the BIA Officer-in-Charge has signed the initial distribution plan for a given year. The Beginning Date is the actual date that the BIA officer-in-charge signed the initial distribution plan.

Expiration date Enter the expiration date **after** the distribution plan is signed. The expiration date must not exceed one year from the beginning date of the initial distribution plan.

A - Account Holder Information (self-explanatory)

B - Performance Statement and 1099 Mailing Information

Full name of Identifies the person(s) who is to receive the statement of performance for the account and a copy of the 1099 form, which was sent to the Internal Revenue Service.

Check “**Account Holder**” if the account holder is:

- < **an adult in need of assistance with no legal guardian.** Enter the account holder’s name.
- < **an emancipated minor.** Enter the account holder’s name. Attach a copy of the court order emancipating the minor or a copy of the account holder’s marriage certificate.
- < **legally disabled with no legal guardian.** Enter the account holder’s name. Also, if the BIA serves as the Representative Payee for other federal dollars, enter the name of the BIA officer-in-charge.

Check “**Custodial Parent**” and enter the custodial parent’s name if the account holder is a *minor* and resides with the parent named.

Check “**Guardian**” if the account holder is:

- < **a minor who has had a legal guardian appointed.** Enter the name of the guardian and attach a copy of the court’s guardianship order.
- < **an adult in need of assistance who has a legal guardian over his or her property.** Enter the name of the guardian and attach a copy of the court’s guardianship order.
- < **legally disabled with a legal guardian over his or her property.** Enter the name of the guardian and attach a copy of the court’s guardianship order.
- < **Non-compos mentis.** Enter the name of the guardian and attach a copy of the court’s guardianship order.
- < **a ward of the court** and no person or entity has been given guardianship over the account holder’s property. Enter the name of the court. If the court has named a person or entity (e.g., BIA) as having control over the account holder’s property, enter the name of that person or entity. Attach a copy of the court order.

NOTE: If a person/entity has been appointed by a court to serve as a legal guardian without limitation, that person/entity will have control of the account holder’s property. However, if a

person/entity is given guardianship over the account holder or is given control and custody of the account holder, the appointed person/entity does not have control over the property. Do **not** enter the name of the person with whom the child resides (e.g., foster parent, grand parent) if that person has not been appointed legal guardian by a court of competent jurisdiction.

Mailing address Enter the address of the person(s) or entity identified to receive the statement of performance and a copy of the 1099 form sent to the Internal Revenue Service.

C - Account Information (self-explanatory)

D - Distribution Plan Information (self-explanatory)

E - Payment Information

Purpose for the disbursement For each recommended disbursement, state the *specific purpose* for the disbursement (e.g., rent, clothing, utilities, etc.). The purpose may **NOT** be “one-time disbursements as needed.” If the account holder resides with other persons, and is only responsible for part of the rent, utilities, telephone, etc., include that information in this line (e.g., ½ of electricity bill).

Frequency Enter the appropriate letter (e.g., M = every month, Q = every three months/quarter, etc.) to indicate how often you want OTFM to disburse the funds. Also, indicate the “Frequency Stop Date” that is the date the recurring payment will stop (i.e., If the payment is to be made for the next 6 months, and the payment begins on January 15th, the frequency stop date will be June 18th.) *If no stop date is provided, it will default to the expiration date of the distribution plan.*

Date payment is due to payee Enter the date that the payment is due to the payee. (E.g., If a utility payment is being made, enter Bill due date on the form.) This will allow OTFM to make a timely disbursement so that the payment can be received by the due date.

Payment amount (\$) and IIM account number(s) Enter the payment amount (\$). If more than one IIM account number was given in section “C-Account Information” above, enter the specific IIM account number(s) from which OTFM will disburse funds for the payment.

Name of the payee Enter the full name of the individual or entity who will receive the disbursement. *Note: No BIA employee, tribal contractor employee, BIA social services or tribal social services may be named payee for IIM funds of an account holder.*

Payment by check If payment is to be made by check, place an X in this box and enter the payee’s mailing address. *Note: No checks may be sent “care of” Superintendent or social services without the approval of the Deputy Commissioner of Indian Affairs.*

Payment by direct deposit/EFT If payment is to be made by direct deposit/EFT, then check this box and indicate whether the

direct deposit/EFT will be made into the payee’s **checking account** or **savings account**.

- a. **Name(s) on the bank account** Enter the names of individuals who have access to the bank account.
- b. **Bank routing number & payees bank account number** (self-explanatory)
- c. **Name of bank and telephone number** (self-explanatory)

F - Recommending and Authorizing Official Signatures

Recommending official The recommending official is the person who develops the plan and recommends its approval to the BIA officer in charge.

Date signed (self-explanatory)

Signature The Recommending Official must sign the distribution plan. The signature acknowledges that the recommended payments/withdrawals under the plan are deemed to be in the best interest of the account holder.

Print name and title (self-explanatory)

Phone number (self-explanatory)

BIA Officer-in-Charge The BIA Officer-in-charge is the person who has delegated authority from the Secretary to approve disbursements from a supervised IIM account.

Date signed If the distribution plan being signed is the initial plan for any given year, then the date signed is also the **beginning date** of the plan which should be filled-in on the top right corner of each page of the plan. If the plan is a modification, suspension, or cancellation of an existing distribution plan for a given year, the date that the BIA Officer-in-Charge signed the plan does not effect the beginning date of the initial distribution plan. However, if an existing distribution plan is to be canceled, the date the distribution plan is signed becomes the expiration date of the plan.

Signature The BIA Officer-in-Charge must sign distribution plan before it becomes effective. The signature certifies that the payments/withdrawals under the plan are deemed by him or her to be in the best interest of the Account Holder.

Print name and title (self-explanatory)

Phone number (self-explanatory)

G - BIA Internal Use Only (After approval)

OTFM Enter the date that a copy of the plan and any attachments were sent to OTFM and **initial** and enter the **date** that this information was recorded on the plan.

Case file Enter the date the plan was filed in the **case file** and **initial** and **date** when the information was recorded in the plan.

ALL INFORMATION PROVIDED IS PROTECTED
UNDER THE U.S. PRIVACY ACT.