



Little Traverse Bay Bands of Odawa Indians
 Enrollment Office
 7500 Odawa Circle
 Harbor Springs, MI 49740
 (231) 242-1520 ■ (231) 242-1521



DESIGNEE ADDRESS VERIFICATION FORM
 (Complete ONLY if you want someone else to receive your per capita check)

- Any Tribal Member may designate, by notarized written statement, another person to receive their payment directly from the Tribe.
- If you complete and submit this form, the check will be sent to the person at the address you fill in, but the check will still be made out to you in your name.
- This form should be attached to the 'Address Verification Form'.
- The 'Designee Address Verification Form' will not change your current address with the Enrollment office.
- Photocopies or Faxes are not accepted.

I, _____, DOB: _____,

Tribal Membership #: _____, Social Security # _____,

Designate the following individual:

 Name of Designee

 Address

 City, State & Zip Code

to receive my per capita distribution check. I understand that completion of this form is strictly voluntary and will expire each year.

I certify that the above information is correct.

 Tribal Member's Signature

 Date

NOTARY PUBLIC

I, _____, a Notary Public for the State of _____,

County of _____, Do hereby certify that _____

provided proper identification that clearly identifies the person who executed the foregoing instrument as the above named individual.

Subscribed and sworn to me this _____ day of _____, 20 _____.

Stamp &
 Seal

 Notary Public Signature
 My Commission Expires on _____

----- LTBB Staff Use Only. Do Not Write Below This Line. -----

White Copy - Enrollment: _____ DOE: _____ Yellow Copy - Accounting: _____