MEMORANDUM

TO: Tribal Division Directors
    Department Directors
    Program Directors
    Administrative Supervisors

FROM: Barbara Ben, Distribution Manager

DATE: 18 April 2022

RE: Notice of Tribal Distribution for June 30, 2022

Attached is the Notice of Tribal Distribution which was approved on April 12, 2022.

This notice will be made available in limited quantities at community facility buildings and the Tribal Office. It will be available online at www.choctaw.org to view or print. Please make copies as necessary for your employees that do not have access to the internet or tribal email.

NOTE: Distribution Office will not be accepting any late forms.

IMPORTANT DEADLINES:

- May 13, 2022 by 4:30 p.m. -- Choctaw Tribal Court Clerks Office
- June 6, 2022 by 4:30 p.m. -- Distribution Office

Contact the Tribal Enrollment Office for the following:

- New Application for Tribal Distribution for new enrollees only.

Contact the Office of Tribal Distribution for the following:

- Voluntary withholding request (IRS form W-4V)
- Direct Deposit
- 18 years of age or older (Identification with Birthday)
- Change in custody (Final Order of the Court)
- Name change (Copy of marriage license & Social Security card)
- Address Change

"CHOCTAW SELF-DETERMINATION"
NOTICE OF DISTRIBUTION
Mississippi Band of Choctaw Indians

June 30, 2022

Adopted by Resolution CHO 22-061 on April 12, 2022
IMPORTANT NOTES

1. The Tribal Council of the Mississippi Band of Choctaw Indians ("MBCI" or "Tribe") passed a Resolution which allows each enrolled member of the MBCI to be eligible to receive a payment of $600.00 for the June 30, 2022 distribution. The Tribe will issue a separate payment for each enrolled member, regardless of age.

2. The Mississippi Band of Choctaw Indians is not requiring anyone to accept this payment, nor is the Tribe entering into a contract to make the payment or guarantee the payment.

3. It is the intention of the Tribal Council that payments for minor children and dependents be spent on them, or the family as a whole, and that their needs not be neglected.

4. Individuals wishing to have income tax taken out of their payment must fill out a Voluntary Withholding Form (Form W-4V) and return to the Office of Tribal Distribution no later than June 6th, 2022 at 4:30pm. This form is attached.

5. The IRS considers per capita payment distribution or in-kind goods or services received in lieu of a distribution payment to be personal income. Recipients should remember to report these payments on their income tax return (Form 1040) when they file their income taxes for the calendar year in which they receive the payment. A 1099 Tax Form will be issued.

6. These payments may also affect the eligibility of persons and families for certain federal programs, including, but not limited to: food stamps; Supplemental Security income (SSI); General Assistance; Head Start; Women, Infant & Children (WIC); Low-Income Energy; among other programs. It is the recipient’s responsibility to check with the administering agency of that program to see what effect the payment may have on eligibility or amounts of assistance.

7. If a distribution payment is returned or otherwise not claimed, it shall be retained by the issuer for six (6) months after the date it was originally mailed. After this date, it shall be turned over to the Secretary-Treasurer for disbursement into the general revenue fund of the Tribe.

8. In order for the Office of Tribal Distribution to authorize the re-issuance of a payment that was lost, stolen, or not received, a notarized affidavit must be completed and returned to the Distribution Manager within 30 calendar days of the distribution date. The affidavit may be picked up from the Office of Tribal Distribution or they may be mailed.
DETERMINATION OF ELIGIBILITY

NEW APPLICANTS
- Only enrolled members of the Mississippi Band of Choctaw Indians are eligible to receive a distribution payment.
- If an eligible non-enrolled member is enrolled in another tribe, a signed disenrollment action must be received by the Tribal Enrollment Office by June 6th, 2022 at 4:30pm for the June 30, 2022 distribution.
- In order to receive a distribution payment, enrolled members of the Mississippi Band of Choctaw Indians must complete the New (pg.7) Application for Tribal Distribution and turn in to the Tribal Enrollment Office by June 6th, 2022 at 4:30pm for the June 30, 2022 distribution.
- The New (pg.7) Application for Tribal Distribution must be completed in its entirety. Any incomplete sections may cause a delay in receipt of your distribution payment.
- Addition of new eligible dependent, either through adoption or birth.

NEWBORNS
- Eligibility is restricted to persons being born before June 30th, 2022 at 12:00am.
- Parents of newborns have until July 31st, 2022 at 12:00pm to submit an Enrollment Application and a New (pg.7) Application for Tribal Distribution to the Tribal Enrollment Office.
- Accommodations may be made for the acquisition of birth certificates and Social Security cards after the Tribal Enrollment Office has received the completed Enrollment Application and the New (pg.7) Application for Tribal Distribution but cannot exceed 6 months past the date of distribution.

CHANGE OF STATUS
- If an eligible member has previously received a distribution payment, they must complete the CHANGES (pg.8) to Tribal Distribution form for any of the following changes in status:
  o Member has now become 18 years of age
  o Change in custody
  o Name change
  o Address change
- The original CHANGES (pg.8) to Tribal Distribution form for Tribal Distribution must be received by the Tribal Distribution Office by June 6, 2022 at 4:30 p.m. Copies, faxes or email will be accepted with valid I.D.

COURT ORDER
- Any Order of the Tribal Court restraining the issuance or requiring a payment to re-issue to another party must be received by the Tribal Court Clerk’s Office May 13th, 2022 at 4:30pm.
- If the residence of the child(ren) has changed or the per capita payment agreement has changed since the December 2021 distribution, the individual receiving the payments on behalf of their child or dependent will need to provide a certified copy of the full court order stating such changes to the Tribal Distribution Office by June 6th, 2022 at 4:30pm.
• Custodial court orders must be received by the MBCI Tribal Distribution Office by June 6th at 4:30pm for the July distribution.

18 YEARS OF AGE
• Those enrolled members of the Tribe who reach their 18th birthday on or before June 30th, 2022 must submit a copy of their photo I.D with their birthdate and the CHANGES (pg.8) to Tribal Distribution form for Tribal Distribution if they want to pick up their distribution payment without their parent or guardian present.
• Applications must be submitted by June 6th, 2022 at 4:30pm for the June 30, 2022 Distribution.

MILITARY/INSTITUTIONALIZED
• Tribal members serving in the military or otherwise institutionalized outside the reservation have until 4:30pm on June 30th, 2022 to file an Application for Tribal Distribution.

VESTING OF RIGHTS TO DISTRIBUTION
• An individual’s right to distribution shall vest at 12:00am on June 30th, 2022 unless an individual is alive at the time distribution vests, he/she and his/her heirs shall not be entitled to the distribution.

APPEALS
• In the event that a person wants to appeal not receiving a distribution payment, or if there are eligibility questions, they must submit a letter of appeal to the Tribal Distribution Appeal Panel Chairperson Linda Williams.
• If a claimed child or dependent has lived in a household for more than 90 calendar days and the parent, guardian or custodian does not live in that household, the Tribe reserves the right to issue the check to the child or dependent and to the head of household in which the child now resides. Individuals must submit a letter of appeal to Linda Williams, Chairperson.
• The Tribal Distribution Appeal Panel consists of Linda Williams, Mae Bell, and Gilbert Thompson.
PAYMENT PROCESS

**THE TRIBE WILL NOT GIVE CHECKS TO 3RD PARTIES**

Direct Deposit

- Individuals wanting to use direct deposit must use the Direct Deposit Authorization Form, which is attached. The original form must be completed, notarized and sent to the Office of Tribal Distribution. You must make a copy if you would like to keep it for your records.
- This form must be filled out completely, notarized and returned to the Office of Tribal Distribution, c/o Distribution Manager by June 6th, 2022 at 4:30pm for the June 30, 2022 distribution.
- Eligible members may use the same form to have their dependent’s or minor children’s check put into the same account, granted that they are listed as account holder with the applicant and the necessary documents are provided prior to authorization.

DEPENDANTS

- For the dependants the payment will be made payable to both the minor and parent/guardian.

MINORS

- Individuals under 18 years of age with children are nevertheless still minors for the purposes of this distribution and payments will be made payable to both the minor and the parent/guardian.

SOCIAL SERVICES

- For children in foster care, their payment will be issued to Children & Family Services for the benefit of the child.
- Payments shall be re-issued by Children & Family Services in a timely manner to the appropriate parent or guardian.
CONTACT INFORMATION

Barbara F. Ben, Distribution Manager
Office of Tribal Distribution
P.O. Box 6090
Choctaw, MS 39350
Phone: (601) 650-1505
Fax: (601) 663-7512
Email: barbara.ben@choctaw.org

Angela Stevens, Tribal Enrollment Office
Tribal Enrollment Office
P.O. Box 6365
Choctaw, MS 39350
Phone: (601) 650-1504
Email: angela.stevens@choctaw.org

Linda Williams, Chairperson
Tribal Distribution Appeal Office
P.O. Box 6010
Choctaw, MS 39350
Phone: (601) 650-1545
Email: linda.williams@choctaw.org

Email: distribution@choctaw.org
Form W-4V
(Rev. February 2018)
Department of the Treasury
Internal Revenue Service

Voluntary Withholding Request
(For unemployment compensation and certain Federal Government and other payments.)

Note. For withholding on social security benefits, give or send the completed Form W-4V to your local Social Security Administration office.

Line 3. If your address is outside the United States or the U.S. possessions, enter on line 3 the city, province or state, and name of the country. Follow the country’s practice for entering the postal code. Don’t abbreviate the country name.

Line 4. Enter the claim or identification number you use with your payer. For withholding from social security benefits, the claim number is the social security number under which a claim is filed or benefits are paid (for example, 123-45-6789A or 123-45-6789BE). The letter or letter/number combination suffix that follows the claim number identifies the type of benefit (for example, a wage earner, a spouse, or a widow(er)). The claim number may or may not be your own social security number. If you are unsure about what number to use, contact the Social Security Administration at 1-800-772-1213 (toll-free). For other government payments, consult your payer for the correct claim or identification number format.

Line 5. If you want federal income tax withheld from your unemployment compensation, check the box on line 5. The payer will withhold 10% from each payment.

Line 6. If you receive any of the payments listed on line 6, check the box to indicate the percentage (7%, 10%, 12%, or 22%) you want withheld from each payment.

Line 7. See How Do I Stop Withholding? below.

Sign this form. Form W-4V is not considered valid unless you sign it.

When Will My Withholding Start?
Ask your payer exactly when income tax withholding will begin. The federal income tax withholding you choose on this form will remain in effect until you change or stop it or the payments stop.

How Do I Change Withholding?
If you are getting a payment other than unemployment compensation and want to change your withholding rate, complete a new Form W-4V. Give the new form to the payer.

How Do I Stop Withholding?
If you want to stop withholding, complete a new Form W-4V. After completing lines 1 through 4, check the box on line 7, and sign and date the form; then give the new form to the payer.

Separate here

---

Form W-4V
(Rev. February 2018)
Department of the Treasury
Internal Revenue Service

Voluntary Withholding Request
(For unemployment compensation and certain Federal Government and other payments.)

<table>
<thead>
<tr>
<th>QMB No. 1545-0074</th>
</tr>
</thead>
</table>

Give this form to your payer. Do not send it to the IRS.

<table>
<thead>
<tr>
<th>1 Your first name and middle Initial</th>
<th>2 Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Home address (number and street or rural route)</th>
<th>City or town</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Claim or identification number (if any) you use with your payer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>I want federal income tax withheld from my unemployment compensation at a rate of 10% of each payment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>I want federal income tax withheld from (a) my social security benefits, (b) my social security equivalent Tier 1 railroad retirement benefits, (c) my Commodity Credit Corporation loans, (d) certain crop disaster payments under the Agricultural Act of 1949 or under Title II of the Disaster Assistance Act of 1988, or (e) dividends and other distributions from Alaska Native Corporations to its shareholders, at the rate of (check one):</td>
</tr>
<tr>
<td>7</td>
<td>I want you to stop withholding federal income tax from my payment(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

Your signature ▼ Date ▼

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22891V
Form W-4V (Rev. 2-2018)
New Application for Tribal Distribution

This form should be completed by the Head of household OR whose name will appear with the under 18 years old name on the check.

Head of Household (Applicant, if over the age of 18):

Name_______________________________________ Marital Status______

Date of Birth____________________________________

Street Address or Box____________________________________

City____________________________________ State______ Zip Code_____

Social Security Number_____________________ Choctaw Roll Number________

Telephone-Work_____________________ Telephone-Home______________

Community (if applicable)____________________________________

Is the Head of Household a tribal member of the Mississippi Band of Choctaw Indians?
Yes_____________ No_____________

Please list only the child or children that are pending for enrollment or who has been enrolled with the Mississippi Band of Choctaw Indians and did not receive the December 2021 Tribal Distribution of Funds.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Choctaw Roll Number</th>
<th>Soc. Sec. Number</th>
<th>Date of Birth</th>
<th>Parent or Guardian</th>
<th>Relation to Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Head of Household ______________________ Date ______________

This form may be returned in person to the Tribal Enrollment Office at the Tribal Office Building or by mail to:

Application for Tribal Funds
P.O. Box 6365
Choctaw, MS 39350

New applicants (enrolled members who have not made prior application) living on or near the Choctaw Reservation (in counties with reservation lands) must complete this application and return the Application by 4:30 pm, June 6th, 2022, to receive a check on June 30th 2022.

The deadline for newborns to return the completed application is July 31st, 2022, at 12:00 noon. POSTMARKED BY July 31st, 2022.
CHANGES to Tribal Distribution Form

This form should be completed by the Head of household OR whose name will appear with the under 18 years old name on the check.

Head of Household (Applicant, if over the age of 18):
Name _______________________________ Marital Status _______________________________
Date of Birth _________________________
Street Address or Box ____________________________
City ___________________ State _______ Zip Code ____________
Social Security Number ______________________ Choctaw Roll Number __________
Telephone-Work ___________________________ Telephone-Home __________________
Community (if applicable) ____________________________

Is the Head of Household a tribal member of the Mississippi Band of Choctaw Indians?
Yes _______ No _________

Please list only your dependent child or children who are members of Ms. Band of Choctaw Indians.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Roll Number</th>
<th>Soc. Sec.</th>
<th>Date of Birth</th>
<th>Parent or Guardian</th>
<th>Relation to Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Head of Household ___________________ Date ______________

This form may be returned in person or by mail to the Tribal Distribution Office at the Tribal Office Building with valid photo I.D.

Application for Tribal Funds
P.O. Box 6090
Choctaw, MS 39350
Fax # (601) 663-7512
Email: distribution@choctaw.org
DIRECT DEPOSIT AUTHORIZATION FORM

Use this form to:
- Establish New Direct Deposit Authorization at a Bank or Credit Union
- Change Financial Institution and/or Account Type or Number

Mail the ORIGINAL form to:
Distribution Manager
Office of Tribal Distribution
P.O. Box 6090
Choctaw, MS 39350

Instructions:
1. Complete all information listed below including name and account number at financial institution and whether deposit to a checking or savings account is requested.
2. For checking account-attach a voided personal check or letter from your financial institution on their letterhead which includes their routing number and your account number.
3. Savings account-attach a statement from your financial institution or letter from your financial institution on their letterhead which includes their routing number and your account number.
4. Sign this form, notarize it and return to the Office of Tribal Distribution.

Important Reminders:
1. Distribution funds are credited to your account on the day of distribution, as approved by the Tribal Council.
2. Failure to notify the Office of Tribal Distribution in a timely manner of changed or closed accounts may substantially delay the receipt of payments if an attempt is made to deposit funds into a closed account.

Checking account: a voided check or letter from your financial institution on their letterhead which includes their routing number and your account number is required to process this authorization.

Savings account: attach a statement from your financial institution or letter from your financial institution on their letterhead which includes their routing number and your account number is required to process this authorization.

---

Staple VOIED check here

THOMAS E. ANDERSON
AVERY ANDERSON
123 Main St.
Anchorage, USA 12345

SAMPLE

UNION BANK OF CALIFORNIA

Routing Number
Check Number
Account Number

1001

12345

Amount

123456

Date

1001

9
PRINT CLEARLY OR TYPE- Any discrepancies may cause a delay in receiving your payment.

AUTHORIZATION: I authorize the Mississippi Band of Choctaw Indians and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustment for any credit entries in error to my account listed below. This authority will remain in effect until I have canceled it in writing to the Office of Tribal Distribution.

☐ Establish NEW account  ☐ Change existing account

FINANCIAL INSTITUTION INFORMATION  ☐ Checking Account  ☐ Savings Account

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>ABA Routing #</th>
<th>Account #</th>
</tr>
</thead>
</table>

APPLICANT INFORMATION  Tribal Member? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security #</th>
<th>Tribal Roll #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

DEPENDANT INFORMATION – Dependents must be included as account holders with applicant.

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security</th>
<th>Tribal Roll #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security</th>
<th>Tribal Roll #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security</th>
<th>Tribal Roll #</th>
</tr>
</thead>
</table>

SWORN AFFIDAVIT

I, ____________________, the undersigned, first having been duly sworn on oath as fellows:

1. I am an enrolled member of the Mississippi Band of Choctaw Indians (the "Tribe") and/or my dependents are enrolled members of the Mississippi Band of Choctaw Indians and, as such, am/are eligible to receive distribution payments when authorized by the Tribal Council.

2. I make this affidavit that my distribution payment and/or my dependent’s distribution payment shall be made electronically to the above-named financial institution.

3. I understand that making a false affidavit to receive a distribution payment is a crime and that I can be prosecuted in Tribal and/or Federal Courts for receiving a distribution payment under false pretenses.

4. I am under no legal disability which would prevent me making this affidavit and I have fully read and understand it.

Further, affiant sayeth not.

STATE OF __________________________

COUNTY OF __________________________

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the undersigned __________________________, who after being by me first duly sworn on his/her oath that the matters and facts in the above and foregoing affidavit are true and correct to the best of his/her knowledge and belief.

______________________________
Signature

Sworn to and subscribed before me this the __________ day of ________, 20___

______________________________
Notary Public

My Commission Expires:

______________________________