MISSISSIPPI BAND OF CHOCTAW INDIANS
TRIBAL DISTRIBUTION OFFICE
P.O. BOX 6090
CHOCTAW, MS 39350

OFFICE: (601) 650-1522
(601) 650-1560

EMAIL: distribution@choctaw.org

MEMORANDUM

TO: Tribal Division Directors
Department Directors
Program Directors
Administrative Supervisors

FROM: Barbara Ben, Distribution Manager BB

DATE: 02 October 2026

RE: Notice of Tribal Distribution for December 7, 2026

Attached is the Notice of Tribal Distribution which was approved on September 28, 2026.

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.

IMPORTANT DEADLINES:

- October 16, 2026 by 4:30p.m. -- Choctaw Tribal Court Clerks Office
- November 2, 2026 by 4:30p.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

NOTICE
OF
DISTRIBUTION

Mississippi Band of Choctaw Indians

December 7, 2026

Adopted by Resolution CHO 26-102 on September 28, 2026

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 **December 2026** 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. Individual 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 **November 2nd, 2026 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 **November 2nd, 2026 at 4:30pm** for the **December 2026** 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 **November 2nd, 2026 at 4:30pm** for the **December 2026** 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 **December 7th, 2026 at 12:00am.**
- Parents of newborns have until **December 31st, 2026 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:
  - Member has now become 18 years of age
  - Change in custody
  - Name change
  - Address change
- The original **CHANGES (pg.8)** to Tribal Distribution form for Tribal Distribution must be received by the Tribal Distribution Office by **November 2, 2026** 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 **October 16th, 2026 at 4:30pm**.
- If the residence of the child(ren) has changed or the per capita payment agreement has changed since the **July 2026** 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 **November 2nd, 2026 at 4:30pm.**

- Custodial court orders must be received by the MBCI Tribal Distribution Office by **November 2nd at 4:30pm** for the December distribution.

18 YEARS OF AGE

- Those enrolled members of the Tribe who reach their 18th birthday on or before **December 7th, 2026** 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 **November 2nd, 2026 at 4:30pm** for the **December 7, 2026** Distribution.

MILITARY/INSTITUTIONALIZED

- Tribal members serving in the military or otherwise institutionalized outside the reservation have until 4:30pm on **December 7, 2026** to file an Application for Tribal Distribution.

VESTING OF RIGHTS TO DISTRIBUTION

- An individual's right to distribution shall vest at **12:00am on December 7th, 2026** 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, Jannifer Willis, 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 **November 2nd, 2026 at 4:30pm** for the **December 7th 2026** 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) 650-1522
Email: barbara.ben@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

Sandie M. Gibson
Office of Tribal Distribution
P.O. Box 6090
Choctaw, MS 39350
Phone: (601) 650-1522
Email: sandie.gibson@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

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.)

▶ Go to *www.irs.gov/FormW4V* for the latest information.

Instructions

Purpose of Form

If you receive any government payment shown below, you may use Form W-4V to ask the payer to withhold federal income tax.

- Unemployment compensation (including Railroad Unemployment Insurance Act (RUIA) payments).
- Social security benefits.
- Social security equivalent Tier 1 railroad retirement benefits.
- Commodity Credit Corporation loans.
- Certain crop disaster payments under the Agricultural Act of 1949 or under Title II of the Disaster Assistance Act of 1988.
- Dividends and other distributions from Alaska Native Corporations to its shareholders.

Consult your payer if you're uncertain whether your payment is eligible for voluntary withholding.

You aren't required to have federal income tax withheld from these payments. Your request is voluntary.

Note. Payers may develop their own form for you to request federal income tax withholding. If a payer gives you its own form instead of Form W-4V, use that form.

Why Should I Request Withholding?

You may find that having federal income tax withheld from the listed payments is more convenient than making quarterly estimated tax payments. However, if you have other income that isn't subject to withholding, consider making estimated tax payments. For more details, see Form 1040-ES, Estimated Tax for Individuals.

How Much Can I Have Withheld?

For unemployment compensation, the payer is permitted to withhold 10% from each payment. No other percentage or amount is allowed.

For any other government payment listed above, you may choose to have the payer withhold federal income tax of 7%, 10%, 12%, or 22% from each payment, but no other percentage or amount.

What Do I Need To Do?

Complete lines 1 through 4; check one box on line 5, 6, or 7; sign Form W-4V; and **give it to the payer, not to the IRS.**

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 123-45-6789B6). 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.)

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

OMB No. 1545-0074

1	Your first name and middle initial	Last name		2 Your social security number
3	Home address (number and street or rural route)	City or town	State	ZIP code
4	Claim or identification number (if any) you use with your payer			

5 ☐ I want federal income tax withheld from my unemployment compensation at a rate of 10% of each payment.

6 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):

7% ☐ **10%** ☐ **12%** ☐ **22%** ☐

7 ☐ I want you to stop withholding federal income tax from my payment(s).

Your signature ▶ **Date ▶**

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 July 2026 Tribal Distribution of Funds.

Full Name	Choctaw Roll Number	Soc. Sec. Number	Date of Birth	Parent or Guardian	Relation to Head
1					
2					
3					

_____
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 **4:30pm, November 2nd, 2026,** to receive a check on **December 7th 2026.**

The deadline for newborns to return the completed application is December **31st, 2026, at 12:00 noon**. **POSTMARKED BY December 31st, 2026.**

____ OVER 18 YEARS OLD
(Photo I.D. showing birth date)

____ CHANGE IN CUSTODY
(Final Order of the Court)

___ NAME/ADDRESS CHANGE
Copy of Marriage License/Divorce papers & Social Security Card)

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.

Full Name	Roll Number	Soc. Sec.	Date of Birth	Parent or Guardian	Relation to Head
1.					
2.					
3.					
4.					
5.					
6.					

_____
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
Email: distribution@choctaw.org

Staple VOIDED check here

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:

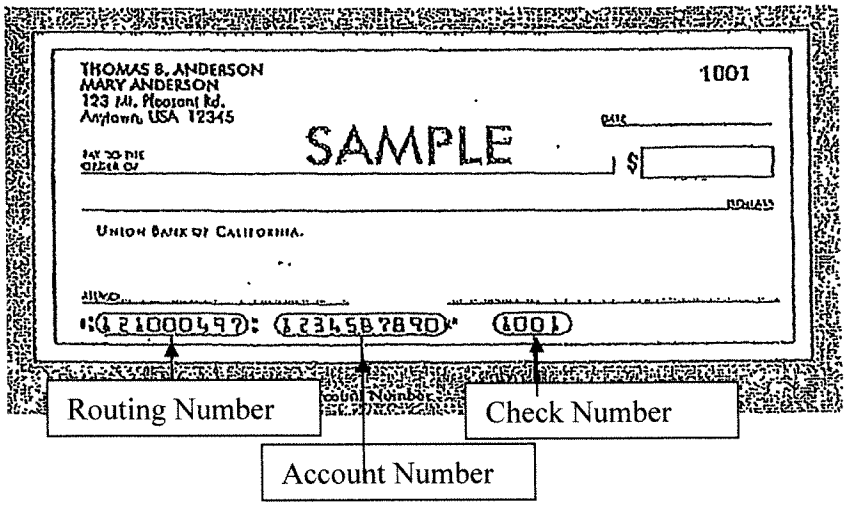
1. Complete all information listed below including name and account number at financial institution and whether deposit to a checking or savings account is requested
2. For checking account-attach a voided personal check or letter from your financial institution on their letterhead which includes their 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



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

Name of Financial Institution	ABA Routing #	Account #

APPLICANT INFORMATION Tribal Member? □Yes □ No

First	Middle	Last	Social Security #	Tribal Roll #

Street Address	City	State	Zip	Phone Number

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

First	Middle	Last	Social Security	Tribal Roll #
First	Middle	Last	Social Security	Tribal Roll #
First	Middle	Last	Social Security	Tribal Roll #

SWORN AFFIDAVIT

I,_____, the undersigned, first having been duly sworn on oath state as follows:

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 my 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:

_____