

**MUST BE POSTMARKED  
OR SUBMITTED ONLINE  
NO LATER THAN  
MARCH 1, 2013**

**Indian Trust Settlement**

P.O. Box 9577

Dublin, OH 43017-4877

Website: [www.IndianTrust.com](http://www.IndianTrust.com)

Toll-Free: 1-800-961-6109 | Email: [Info@IndianTrust.com](mailto:Info@IndianTrust.com)

IIM



**CLAIM FORM**

**IMPORTANT NOTE:** You do not need to fill out a Claim Form if you are currently receiving account statements for your IIM account unless you also believe you have a claim under sections A, B and/or C below.

**INSTRUCTIONS**

To participate in the Indian Trust Settlement, you must fill out the information in “YOUR INFORMATION” below and sign the “SIGNATURE AND CERTIFICATION” on page 4. Also, please complete sections A, B, and/or C.

- A. Complete section A below only** if you do not have a current individual Indian Money (“IIM”) account, but believe you owned an interest in trust or restricted land on September 30, 2009; or
- B. Complete section B below only** if you do not have a current individual Indian Money (“IIM”) account, but believe you had an IIM account open sometime between 1985 and September 30, 2009; or
- C. Complete section C below only** if you want to establish your status as an heir to a deceased IIM account holder or individual landowner.

The information that you provide on this Claim Form will only be used to process your claim and to update Department of the Interior records. Please attach copies of the required documents for sections A, B, and/or C of this Claim Form when you mail your completed Claim Form.

Check this box if you are currently receiving IIM account statements

**YOUR INFORMATION**

**NOTE:** Please fill out the information in the space provided below.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Tribal Membership Number: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

**QUESTIONS? PLEASE VISIT [WWW.INDIANTRUST.COM](http://WWW.INDIANTRUST.COM) OR CALL TOLL-FREE 1-800-961-6109**

**SECTION A. TRUST LAND INFORMATION**



**NOTE: Complete section A only if you believe you may own trust or restricted land.** Please fill out the information about trust or restricted land that you believe you owned in whole or part on September 30, 2009 in the space provided below.

Land Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Land Parcel Number: \_\_\_\_\_

Other Information that Helps to Identify the Land: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Documentation Required:** Please include copies of any documents that help to show that you owned trust or restricted land on September 30, 2009.

**SECTION B. IIM ACCOUNT OPEN ANYTIME BETWEEN 1985 AND SEPTEMBER 30, 2009**

**NOTE: Complete section B only if you do not have a current IIM Account, but believe you had an IIM Account open anytime between 1985 and September 30, 2009.** Please fill out the information in the space provided below.

Your former IIM Account Number(s), if known:

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ;

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ;

Check this box if you do not know your IIM Account Number(s)

**Documentation Required:** Please include copies of any documents that help to show that you had an IIM account open anytime between 1985 and September 30, 2009.

**SECTION C. FOR HEIRS TO A DECEASED IIM ACCOUNT HOLDER  
OR INDIVIDUAL LANDOWNER**



**NOTE: Complete section C only if you believe that you are an heir to a deceased IIM account holder or individual landowner (“Deceased Individual”). Please fill out the information about the Deceased Individual in the space provided below.**

First Name of Deceased Individual: \_\_\_\_\_

Middle Initial of Deceased Individual: \_\_\_\_\_

Last Name of Deceased Individual: \_\_\_\_\_

Your Relationship to the Deceased Individual: \_\_\_\_\_

Tribal Membership Number of Deceased Individual: \_\_\_\_\_

IIM Account Number(s) of Deceased Individual: \_\_\_\_\_;  
\_\_\_\_\_;

Social Security Number of Deceased Individual: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth of Deceased Individual: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

**If you know of other heirs to a Deceased Individual, please fill out the following information as available:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Percent Interest: \_\_\_\_%

**NOTE: Additional space is available on page 4.**



**If you know of other heirs to a Deceased Individual, please fill out the following information as available:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Percent Interest: \_\_\_\_\_%

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Percent Interest: \_\_\_\_\_%

**If you need additional space to list other heirs of the Deceased Individual, please photocopy this page and check this box**

Each heir to a Deceased Individual should fill out a Claim Form.

**Documentation Required:** Please provide documents that help to show that you are an heir of the above Deceased Individual such as: a death certificate, Power of Attorney, an obituary identifying you as a survivor, a Last Will and Testament, or similar documents that help to show your claim.

**SIGNATURE AND CERTIFICATION**

By signing this document, I certify under penalty of perjury that the information I have provided on this Claim Form is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy)  
Date