

memorandum

DATE:

REPLY TO

ATTN OF:

SUBJECT: **Change of address** for (minor beneficiary name), IIM Account# (account no)

TO: Bureau of Trust Funds Administration

I, (parents name), authorize the Bureau of Indian Affairs to change the address of the Account-holder named above for the Statement of Performance and mailing address as follows:

<i>Change from (old address):</i>	<i>To (new address):</i>

Right thumbprint

or

Signature of:

Account-holder Guardian
 Parent Power of Attorney

Relationship to Account-holder: _____

Telephone number: _____

_____ Date

Witnessed by:

SIGNATURE: _____

_____ Date

(Name & Title of BIA employee or Notary)

Telephone No. _____

In accordance with 25 CFR § 115.406, 115.409, and 115.416, I approve of this change of address for the minor Beneficiary named above.

Superintendent: _____
(agency) Agency

Date: _____