

Disclaimer of Elders Stipend Payment

I, _____ whose address is
Print Name

Print Address

am a duly enrolled member of the Pokagon Band of Potawatomi Indians. My enrollment number is _____ and my date of birth is _____.
Print Enrollment Number Print Date of Birth

I am entitled to receive pursuant to Pokagon Band Tribal Council Resolution Numbers 97-03-06-05 and 00-04-08-02, a Pokagon Band Elders Stipend of \$500 per month. I hereby disclaim all interest I have in the Pokagon Band Elders Stipend. I intend that this disclaimer is a disclaimer pursuant to subsection 5.D and 5.F of the Pokagon Band Supplemental Assistance Program Act.

Date

Signature

Notary Information

Acknowledged by _____ before me on the _____ day of _____, 201_.

Notary Public

Print Name _____

_____ County, Michigan

Acting in _____ County, Michigan

My Commission Expires _____

To be completed by Pokagon Band Staff

I, _____, the Director of the Pokagon Band Department of
Print Name of Recipient

Social Services or the Director's designee, acknowledge receipt of a signed and notarized copy of this Disclaimer.

Date

Signature

Original in Member's File
Copy to Member
Copy to Director of Department of Finance