

Disclaimer of Per Capita 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 the Pokagon Band's Gaming Revenue Allocation Plan, a monthly Per Capita Payment. I hereby disclaim all interest I have in the Per Capita Payment. I intend that this disclaimer is a disclaimer pursuant to subsection 6.D of the Pokagon Band Gaming Revenue Allocation Plan and subsections 5.D and 5.E 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, _____ State

Acting in _____ County, _____ State

My Commission Expires _____

To be completed by Pokagon Band Staff or Tribal Council

I, _____, am the Pokagon Band Enrollment Coordinator, Tribal
Print Name of Recipient

Council Member, or administrative staff to the Tribal Council, and 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