

Disclaimer of Member Distribution Account Payments

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 ("RAP"), a
monthly Member Distribution Account Payment, which may be a per capita payment and/or a general
welfare payment (each a "Member Distribution Payment"). I disclaim all interest I have in any Member
Distribution Payment. I intend that this disclaimer is a disclaimer pursuant to subsection 6.D of the RAP.

Date

Signature

Notary Information

Signed (or Acknowledged) and sworn to by _____ before me on the
_____ day of _____, 20__.

Notary Public

Print Name _____

_____ County, _____

Acting in _____ County, _____

Commissioned in _____ County, _____ My Commission Expires _____

To be completed by Pokagon Band

I, _____, am the Pokagon Band Enrollment Clerk or Supervisor,
Print Name of Recipient
or administrative staff to the Tribal Council, and acknowledge receipt of this signed and notarized
Disclaimer.

Date

Signature