

## **INSTRUCTIONS FOR COMPLETING FORM OST1-004/06**

### **Section 1 [Required]**

- If you know your IIM account number, enter it in this section.

### **Section 2 [Required]**

- Enter your full legal name on the first line of this section. Your legal name will appear on your Chase debit card.
- If you are also known by another name, enter it on the second line of this section.

### **Section 3 [Required]**

- Enter your date of birth using numbers (for example: May 8, 1972 would be 05/08/72) and enter your Social Security Number.

### **Section 4 [Required]**

- Please provide one or two telephone numbers by which you can be contacted. At least one telephone number is required to set up a debit card account with Chase Bank because Chase uses the number to identify you when you activate your card.

### **Section 5A [Required]** Check (√) only one box:

- If you check the first box, an automatic payment will be made whenever the account balance reaches the minimum threshold.
- If you check the second box, a voluntary hold will be placed on your account. This hold will remain on your account until you notify OST to release the hold. Disbursements from your account will only be made in accordance with authorizations received from you.

### **Section 5B** If you requested a voluntary hold by checking the second box in 5A, the funds may be released in the following manner:

- If you check the One-time Disbursement box, a payment will be made to you for the amount and date specified.
- If you check the Schedule Payments box, you may have the funds disbursed to you according to a scheduled payment plan. Payments may be monthly, OR quarterly OR according to another timeframe specified by you. You must indicate the exact date(s) and exact dollar amount(s) to be made. If sufficient funds are in the account the day that a

scheduled payment is to be made the payment will be made. If sufficient funds are NOT in the account and therefore unavailable, the account will not be overdrawn and a notice of non-payment will be mailed to the account holder's address of record (statement address).

- Do not complete the third party payment section (name and address).

#### **Section 6 [Required]**

- Check (✓) the middle box - "New or Updated Direct Deposit Information" and write the word "**Chase**" on the line for Financial Institution Name. Chase Bank will provide the rest of the information for this section when it creates your debit card account.

#### **Section 7 [Required]**

- Enter your current address in the "**TO (New address)**" section. This is the address where Chase will mail your debit card.

#### **Section 8**

- Do not make any entries in this section.

#### **Section 9 [Required]**

- Sign your name in this section.

#### **Section 10 [Required]**

- Enter today's date in this section.

#### **Section 11 [Required]**

- For your protection, to make sure that the information and direction provided here is coming from you, you must have this section completed by an adult witness.

**When you are done:**

**Mail this completed Form OST 01-0004/06 to: Office of the Special Trustee, Trust Beneficiary Call Center, 4400 Masthead Street NE, Albuquerque NM 87109.**