

Request to Stop Federal Tax Withholding From Monthly CTGR Benefits Payments

Roll Numbe	er:			
Name:				
Address:				
	City	State	Zip	

By my signature below, I withdraw my previous instructions to withhold Federal income tax from my CTGR monthly benefits. I instruct that the tax withholding from these benefits be stopped immediately.

Signature

Date

Mail or deliver request to:

Finance Department Confederated Tribes of Grand Ronde 9615 Grand Ronde Road Grand Ronde, Oregon 97347

NOTE: If you do not return this form, or equivalent written instructions, the tax withholding from your benefits payments will continue.