

MEMBER BENEFIT WITHDRAWAL FORM

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- 1} Tribal Roll Number: \_\_\_\_\_
- 2} Name: \_\_\_\_\_  
Please Print
- 3} Current Address: \_\_\_\_\_  
Street/PO Box  
\_\_\_\_\_  
City, State, Zip Code  
( ) \_\_\_\_\_  
Phone Number
- 4} Date of Birth: \_\_\_\_\_ Last 4 digits of SSN# \_\_\_\_\_
- 5} Amount Requested: \_\_\_\_\_  
100% available other amount
- 6} Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

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**PLEASE NOTE:**

**Requests for withdrawals must be received by the 10th of the month for approval in order to be mailed a payment which should arrive to you by the end of the month. If there is a holiday in that time frame please allow additional time for the payment to reach you. Withdraw forms may be faxed to the office at the above listed fax number. Under NO conditions will checks be picked up at the Tribal Offices. They will be mailed to the address on this form.**

**RETURN TO:**

CONFEDERATED TRIBES OF GRAND RONDE  
MEMBERS BENEFIT PROGRAM  
9615 GRAND RONDE RD  
GRAND RONDE OR 97347

OR FAX TO:  
**503-879-2480**