Per capita distribution date:
Friday, Sept. 19, 2008

Members are not required to do anything to receive this quarter's per capita distribution. However, anyone wanting to change their address please call Hollie Mercier at 503-879-2490 or 1-800-422-0232, ext. 2490. In addition, anyone wanting to change their tax deductions, transfer funds to the adult savings plan or add/cancel direct deposit, please request the necessary forms from Member Services at CTGR. Forms can be faxed directly to Wendy Coleman at RedW at 505-998-3442 or to CTGR at 503-879-2480. Forms can also be downloaded from the Grand Ronde Tribal Web site Tribal members secure page. If you do not have access to this secure page, please contact the Tribe's I.S. help desk at 503-879-2122.

The Confederated Tribes of the Grand Ronde Community of Oregon
c/o REDW Benefits, LLC
Per Capita Administrator for the Confederated Tribes of the Grand Ronde Community of Oregon
PO Box 93656
Albuquerque, NM 87199-3656
FAX 505-998-3442 or 505-998-3333
e-mail benefits@redw.com

YOU ARE NOT REQUIRED TO FILE THIS FORM UNLESS YOU HAVE CHANGES TO YOUR DEDUCTIONS.

PART I. Personal Information (please print clearly):

Name: _____, _____ _____
(Last) (First) (M.I.)

Social Security Number: ____ - ____ - ____ **Tribal Enrollment Number:** _____

Your check will be mailed to the most current address on file at the Tribe. If changes are needed, please contact Hollie Mercier @ 800-422-0232.

DEDUCTIONS:

IF NO SELECTION IS MARKED, WE WILL CONTINUE YOUR ELECTION AS IT WAS ON YOUR PREVIOUS ELECTION FORM. IF YOU WISH TO STOP TAX WITHHOLDING, DEPOSITS TO THE ADULT SAVINGS PLAN, OR DIRECT DEPOSIT TO YOUR BANK ACCOUNT, YOU MUST SELECT THE APPROPRIATE ELECTION BELOW.

PART II. Federal Tax Withholding Election (choose one)

_____ I hereby **ELECT NO** federal withholding from my quarterly per capita payment

I hereby **ELECT** ☐ 10% ☐ 15% ☐ 25% ☐ 28% ____OTHER %) federal tax withholding from my quarterly per capita payment

PART III. Election for Adult Savings Plan (choose one)

_____ I hereby **ELECT NO PORTION** of my quarterly per capita payment be directed to the Adult Savings Plan

_____ I hereby **ELECT** _____% of my quarterly per capita payment be directed to the Adult Savings Plan

_____ I hereby **ELECT $**_____ of my quarterly per capita payment be directed to the Adult Savings Plan **(not to exceed the total distribution amount)**

PART IV. Election for Receipt of Funds (choose one)

_____ I hereby elect to receive my quarterly per capita payment in a **check payable to myself,** mailed to the address on file with the Tribe

_____ I hereby elect to **CANCEL MY PREVIOUSLY ELECTED DIRECT DEPOSIT** and receive my quarterly per capita payment in a **check payable to myself,** mailed to the address on file with the Tribe

_____ I hereby elect to receive my quarterly per capita payment in a **direct deposit** to the account shown on the attached Direct Deposit Authorization form (***beginning with the next per capita payment***)

WITHOUT A SIGNATURE BELOW, THE ELECTIONS ON THIS FORM WILL NOT BE PROCESSED.

_____ _____
Date: Member Signature **(REQUIRED)**