



**TUNICA-BILOXI TRIBE OF LOUISIANA
MINORS PER CAPITA TRUST
EARLY DISCRETIONARY DISTRIBUTION REQUEST FORM**



PROVIDENCE FIRST
TRUST COMPANY

1. GENERAL INFORMATION OF THE MINOR/BENEFICIARY (even if the Beneficiary is now 18 years or older)

Beneficiary's Name: _____ Beneficiary's Enrollment # _____

Parents'/Guardians' Names: _____
(Both parents' names if minor is under 18.)

Mailing Address (of minor): _____
(must match the address on file with the Tribe) Street Address/City/State/Zip Code

Phone Number: _____ Beneficiary Date of Birth: _____

Email Address: _____

2. DISTRIBUTION INFORMATION

The approved purposes for which trust funds can be used for your child are listed below. Please indicate the amount and purpose of the requested trust funds. We will make distributions payable directly to the service provider or supplier when possible. **When distributions are made directly to the parent/guardian, original receipts must be submitted to confirm trust funds were spent properly. You will not be entitled to another distribution until you provide original receipts.** An envelope and instructions for sending in the receipts will be sent with each distribution.

<u>Amount:</u>	<u>Category:</u>	<u>Details:</u>
\$ _____	Medical Request	List health needs of the minor/adult beneficiary: _____ _____ _____

(Distributions for medical/health expenses may be used for services that are not reimbursable or covered by other sources. Include the name of doctor/hospital and copy of the bill).

Required Documentation:

- **YOU MUST ATTACH ANY INVOICE(S) OR BILL(S) YOU HAVE REGARDING THE REQUEST.**
- **YOU MUST ATTACH DOCUMENTATION REGARDING ANY DENIED ASSISTANCE FROM INSURANCE OR GOVERNMENT PROGRAMS.**
- **ALSO, YOU MUST SUBMIT YOUR PERSONAL INCOME TAX RETURN FROM THE MOST RECENT YEAR.**



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3. FINANCIAL INFORMATION – LACK OF OTHER RESOURCES

BEFORE YOU RECEIVE A TRUST DISTRIBUTION, YOU MUST FIRST USE OTHER RESOURCES.

1. Funds of the Parents/Guardians: Budget – Income/Expenses
 - a. Estimated household income: \$ _____/month or \$ _____/year
(job, investments, child support, per capita)
 - b. Estimated household expenses: \$ _____/month or \$ _____/year
(mortgage, utilities, vehicles, groceries, clothing, medical, taxes, leisure, insurance, etc.)
 - c. How many people does such income support? _____

2. Medical/Health Insurance
 - a. Is there any available health insurance coverage for your request? Explain. _____

3. Social Programs – Health assistance programs
 - a. Is there any federal, state, or local government assistance available for your request? Please explain.

 - b. Is there any tribal program/assistance available for your request? Explain: _____

4. PAYMENT METHOD

Please indicate which method of payment you want:

- Check, made payable to you and mailed to your address (which must match the address on file with the Tribe to prevent fraud).
- Direct Deposit to an existing checking/savings account of which you are an account holder. (You must complete the section below if you select this payment option).

Name on the Account: _____ Bank Name: _____

Account Number: _____ Routing Number: _____

This is a: Checking Account, or a Savings Account

**PLEASE ATTACH A VOIDED CHECK OR A LETTER FROM YOUR BANK
CONFIRMING THE INFORMATION ON THIS SECTION.**



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AFFIRMATION & SIGNATURE

By signing this application, I hereby affirm that: (1) all prior Trust distributions have been properly used; (2) no other resources are available for this requested need, including my income as parent/guardian, any reimbursement, insurance, or any government or tribal program; (3) that all information I have provided herein is accurate and complete; (4) that I will use this distribution solely for the purpose listed above. I hereby consent to all information herein being shared with the Tunica-Biloxi Indian Tribe of Louisiana, and consent for government and personal information and records relevant to this request being shared with Providence First Trust from any tribal government entity, federal or state government entity. I also understand and acknowledge that (1) all distributions are subject to such further limitations and restrictions as may be set forth in the Trust; and that (2) the trustee reserves the right to require additional detailed accountings, statements or consents, budgets and receipts, copies of government filings reasonably related to my request, or other proof of compliance with the terms of the Trust.

By choosing direct deposit as the Payment Method, I hereby authorize Providence First Trust to initiate distributions from my trust to be electronically transferred to the bank account above until further notice. I understand that these instructions will remain in effect until I submit a new form changing or stopping these instructions.

I assume all risk of Providence First Trust transferring funds according to the directions above and I understand that Providence First Trust will not contact my bank to confirm the name on the account or whether I am an authorized signer on the account or whether there are other authorized signers on the account. I agree to hold Providence First Trust harmless inasmuch as it follows these instructions.

Signature: _____
(of Parent/Guardian/Minor if over Age 18)

Date: _____

Print Name: _____

Signature: _____
(of Second Parent, if applicable)

Date: _____

Print Name: _____

REQUIRED SUPPORTING DOCUMENTATION – MUST BE INCLUDED WITH EVERY APPLICATION.

- Copy of Photo ID.
- Any invoice, bill, receipt, or other documentation with the details of this request.
- Any letters or documentation showing that other resources have been exhausted.
- Income tax return from the latest year.
- Proof of Guardianship, if applicable.
- Copy of voided check or direct deposit information, if applicable.



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**When completed, the application
MUST BE SUBMITTED TO THE FOLLOWING ADDRESS:**

**Clarence Brown, CFO
150 Melacon Rd., Marksville, LA 71351
Email: cbrown@tunica.org
Direct:(318) 240-6458 Cell: (318) 717-4080**