

TUNICA-BILOXI TRIBE OF LOUISIANA MINORS PER CAPITA TRUST ADULT DISTRIBUTION REQUEST FORM



1. GENERAL INFORMATION OF THE YOUNG ADULT					
Name:	#				
Mailing Address:	City	State	Zip Code		
Phone number:	Email address:				
2. DISTRIBUTION INFORMATION					

<u>25% Access Request:</u> The Irrevocable Inter Vivos Trusts for the Benefit of the Minors of the Tunica-Biloxi Indian Tribe of Louisiana distributes the full balance at Age 21. However, you can receive early annual Adult Distributions, beginning at Age 18, if you have received a high school diploma or GED certificate. <u>You must submit a copy of the diploma/certificate</u> if you are under Age 21. You only need to submit the diploma/certificate for the first year, and not for every following years' distribution requests.

Member's Date of Birth:

Please select the following distribution you are requesting:

- \Box Age 18 = 25% of your Trust balance.
- \square Age 19 = 25% of your Trust balance.
- \Box Age 20 = 25% of your Trust balance.

<u>**Trust Closure Request:**</u> The Irrevocable Inter Vivos Trusts for the Benefit of the Minors of the Tunica-Biloxi Indian Tribe of Louisiana distributes the full balance at Age 21. However, in order to be eligible to receive the distribution, you must submit a letter from a licensed Financial Advisor.

Please select the following distribution that you are requesting:

 \Box Age 21 = 100% of your Trust balance.

3. 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:

Account Number:

This is a: Checking Account, or Savings Account

Attach a voided check or a letter from your bank confirming the information in this section.

Bank Name:

Routing Number:



TUNICA-BILOXI TRIBE OF LOUISIANA MINORS PER CAPITA TRUST ADULT DISTRIBUTION REQUEST FORM



SIGNATURE

I affirm that the information provided on this form is accurate and complete. I also consent to all information herein being shared with the Tunica-Biloxi Tribe of Louisiana as needed to process this request and proper administration of the Trust. I understand and acknowledge that all distributions are subject to such further limitations as may be set forth in the Trust.

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 insomuch as it follows these instructions.

Signature: _____

Date:

STATE OF _____

Parish/County of _____

Subscribed and affirmed before me on this _____ day of _____, 20___, by_____, proved to me on the basis of satisfactory evidence to be the person who appeared before me. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

	Notary Stamp/Seal
Date	
Signature	

Expiration Date

Please remember to attach:

- **Copy of your photo ID**
- □ Copy of high school diploma or GED certificate, if you are under Age 21, and if this is the first time submitting an application
- **Copy of proof of completing financial education if you are Age 21 and requesting closure of the trust**
- **Copy of a voided check if you select direct deposit as method of payment**



TUNICA-BILOXI TRIBE OF LOUISIANA MINORS PER CAPITA TRUST ADULT DISTRIBUTION REQUEST FORM



When completed, the application

MUST BE SUBMITTED TO THE FOLLOWING ADDRESS:

Brenda Lintinger, Minors' Trust Program Director

By FedEX: 150 Melacon Road, Marksville, LA 71351

By email: bwlintinger@tunica.org

If you have any questions, please don't hesitate to call:

Toll Free: 800-253-9767, Extension #7406

Direct Line: 318-427-7406

Cell #: 504-913-2468