



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



PROVIDENCE FIRST  
TRUST COMPANY

**1. GENERAL INFORMATION OF THE YOUNG ADULT**

Name: \_\_\_\_\_ Enrollment # \_\_\_\_\_

**You must attach a copy of a photo ID (such as a Driver's License).**

Mailing Address: \_\_\_\_\_  
(must match the address on file with the Tribe) City State Zip Code

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**2. DISTRIBUTION INFORMATION**

**5% / \$5 K Access Request:** The Irrevocable Inter Vivos Trusts for the Benefit of the Minors of the Tunica-Biloxi 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. You must submit a copy of the diploma/certificate 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.

Please select the following distribution you are requesting:

- ☐ Age 18 = The lesser of \$5,000 or 5% of your Trust balance.
- ☐ Age 19 = The lesser of \$5,000 or 5% of your Trust balance.
- ☐ Age 20 = The lesser of \$5,000 or 5% of your Trust balance.

**Member's Date of Birth:**

\_\_\_\_\_

**Trust Closure Request:** The Irrevocable Inter Vivos Trusts for the Benefit of the Minors of the Tunica-Biloxi Tribe of Louisiana distributes the full balance at Age 21. However, in order to be eligible to receive the distribution, you must submit proof of completing financial education.

Please select the following distribution that you are requesting:

- ☐ 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: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing 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.**



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**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 \_\_\_\_\_

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 Public Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Notary Stamp

When completed, submit form to:

By Federal Express:

By fax:

By email:

Brenda Lintinger, Trust Program Director

150 Melacon Road, Marksville, LA 71351

318-253-9791

[bwlintinger@tunica.org](mailto:bwlintinger@tunica.org)

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

Office-318-427-7406

Cell-504-913-2468

Toll Free: 800-272-9767

**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