



**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

25% Access Request: 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. **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 = 25% of your Trust balance.
- Age 19 = 25% of your Trust balance.
- Age 20 = 25% 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 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: 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: _____



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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.

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.



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Date

Notary Stamp/Seal

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

When completed, the application

MUST BE SUBMITTED TO THE FOLLOWING ADDRESS:

By FedEx: TBTLA-TRUST Department

150 Melacon Road, Marksville, LA 71351

By email: brachal@tunica.org OR cbrown@tunica.org



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

Toll Free: 800-272-9767

Beverly Rachal, Secretary-Treasurer

Extension #6409 | Cell: 318-264-3027

Clarence Brown, CFO

Extension #6458 | Cell: 318-717-4080