



**POKAGON BAND OF POTAWATOMI INDIANS
MINORS PER CAPITA TRUST
ADULT DISTRIBUTION REQUEST FORM**

NAME: _____ TRIBAL ID #: _____
 MAILING ADDRESS: _____
 CITY, STATE, ZIP CODE: _____
 DAYTIME PHONE: _____ EMAIL ADDRESS: _____

The Pokagon Minors Trust can distribute the following amounts at the following ages upon written request. Please select the following distribution(s) you are requesting.

___ At age 21, up to 25% of the current value.
 ___ At age 22, up to 33% of the current value.
 ___ At age 23, up to 50% of the current value.
 ___ At age 24 or above, up to the remaining balance of the trust.

Payment Method:

___ Check - mailed to the address on file with the Pokagon Band (which must match the address listed above to prevent fraud).
 ___ Direct Deposit to your checking account – must attach a voided check (and the name on the bank account must match the name of the adult requesting this distribution to prevent fraud).

Tax Withholding:

Please understand that all distributions from your trust fund are subject to federal income taxes. As such, we are required to make federal tax withholdings according to IRS Publication 15-A. However, this is a minimum withholding and does not factor in other income you may be receiving. If you would like us to withhold more, please specify a percentage: ___ 15% ___ 20% ___ 25% ___ 30%

Please submit this completed form to:

Providence First Trust Company 7501 E. McCormick Pkwy., Suite 101 Scottsdale, AZ 85258	For questions, call (602) 952-2300 or toll free at 1-855-POK-AGON (1-855-765-2466)
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Or fax to: (602) 952-0018

I affirm that the information marked on this form is accurate and complete. I also consent to all information herein being shared with Pokagon Band government agencies and entities, on a need to know basis for processing this request and proper administration of the Pokagon Minors Trust.

SIGNATURE: X _____ DATE: _____

