



**POKAGON BAND OF POTAWATOMI
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 Band) City State Zip Code

Phone number: _____ Email address: _____

2. DISTRIBUTION INFORMATION

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:

- Age 21 = 25% of your Trust balance.
- Age 22 = 33% of your Trust balance.
- Age 23 = 50% of your Trust balance.
- Age 24 = 100% of your Trust balance. Full balance of your Trust Account is distributed.

3. PAYMENT METHOD

Please indicate which method of payment you want:

- Direct deposit to an existing checking/savings account of which you are an account holder:

Is this a: _____ Checking Account or _____ Savings Account?

Name on the Account: _____ Bank Name: _____

Account Number: _____ Routing Number: _____

****REQUIRED: Attach a voided check or a letter from your bank confirming this information.**

- Check, made payable to you and mailed to your address (which must match the address on file with Pokagon Band to prevent fraud).

4. TAXES AND TAX WITHHOLDING

Federal Taxes: Please understand that all distributions from your Trust are subject to federal income taxes under the Indian Gaming Regulatory Act (IGRA), and will be reported as income to the IRS and to you on a Form 1099. Taxes will be withheld at the IRS withholding rates (pursuant to IRS Publication 15-A), but you may elect to have additional taxes withheld below if you have other income that may cause you to be in a higher tax bracket. Such withholding will be forwarded to the IRS on your behalf and reported to you on a Form 1099.

_____ Minimum (default – as described above) or _____ 20% _____ 25% _____ 30%

State Taxes: Depending on where you live, trust distributions may also be subject to state income taxes. There is no required state tax withholding, but you may direct us to perform a state tax withholding, and we will forward it to your state. If you leave this blank, no state taxes will be deducted.

State: _____ Amount: _____ % of my gross distribution



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5. PERSONAL INVESTMENT ACCOUNT

Please mark here if you would be interested in learning about opening your own personal investment account: _____

SIGNATURE & NOTARIZATION

I affirm that the information provided on this form is accurate and complete. I also consent to all information herein being shared with Pokagon Band of Potawatomi tribal government as needed to process this request and proper administration of the Trust. I also understand and acknowledge that all distributions are subject to such further limitations as may be set forth in the Trust. Further, I agree to hold Providence First Trust harmless inasmuch as it follows these instructions regarding payment method.

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: Providence First Trust Company,
By mail: 8840 E. Chaparral Rd., Suite 250, Scottsdale AZ, 85250
By fax: 602-952-0018
By email: pokagon@providencefirst.com

If you have any questions, please don't hesitate to call at 602-952-2300 or toll free at 1-800-350-0208.

Please remember to attach:

- 1) Copy of a photo ID
- 2) Copy of a voided check or letter from your bank confirming your account (if you want a direct deposit)