



**POKAGON BAND OF POTAWATOMI
TAX-DEFERRED PER CAPITA SAVINGS PLAN**



PROVIDENCE FIRST
TRUST COMPANY

ELECTIONS FOR PLAN YEAR 20__ (DUE BY: NOV 30 OF PRIOR YEAR)

1. GENERAL INFORMATION OF THE MEMBER

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. ELECTION INFORMATION

As an eligible member of the Pokagon Band of Potawatomi, you have the option to defer receipt of a portion of your per capita. The deferred per capita will go into trust, where it can grow tax-deferred until the time when you elect to receive it. The deferred per capita funds will be subject to federal income taxes at the time when you receive it. The elections made on this form are **IRREVOCABLE** and cannot be changed unless there is an unforeseeable emergency.

AMOUNT TO DEFER: *(The minimum is 10% of the per capita payment)*

I wish to defer:

- Fixed Deferral Amount, Variable Per Capita: \$ _____ from my monthly per capita
- Percent: _____% of my monthly per capita
- Fixed Per Capita, Variable Deferral Amount: All of my monthly per capita above \$ _____

TIME PERIOD TO DEFER: *(The initial minimum deferral period is 5 years)*

I wish to defer the receipt of the funds until:

- The following date: _____. *(Write the month and year)*
- I reach the following age: _____. *(Write your age)*

FORM OF DISTRIBUTION: *(Select one)*

At the time of the deferred payment, I wish to receive my balance:

- As a one-time lump sum payment.
- In monthly payments, made payable over a period of _____ years.
- In quarterly payments, made payable over a period of _____ years.
- In annual payments, made payable over a period of _____ years.

3. PAYMENT METHOD *(This information will be re-verified with you before your first distribution)*

Please indicate which method of payment you want. This information will be re-verified with you before receiving your first payment.

- Direct deposit to an existing checking/savings account of which you are an account holder. You must attach a voided check or letter from your bank.
- Check, made payable to you and mailed to your address (which must match the address on file with the Band).

4. INVESTMENT SELECTION

Investment options are based on the Band's Investment Policy Statement, and you have the option to select one of the below tiered portfolios for your deferred payments. The funds that comprise these portfolios are frequently reviewed, however, investors should note that there are risk factors associated with investing and no investment process is free of risk or can guarantee returns. Past performance does not guarantee future results.

Choose one of the following investment options:

"Preservation"

Cash: 100%

"Conservative"

Equities: 20-40%

Fixed Income: 60-80%

Cash: 0-10%

"Moderate"

Equities: 50-70%

Fixed Income: 30-50%

Cash: 0-10%

"Aggressive"

Equities: 80-100%

Fixed Income: 0-20%

Cash: 0-10%

5. BENEFICIARY DESIGNATION

You have the option of designating one or more beneficiaries, and also contingent beneficiaries, in the event that you die before receiving the full deferred payments. In the absence of naming a beneficiary, the Plan would distribute subject to or order of succession of family members as prescribed by the Plan.

I hereby designate: _____ as my Beneficiary/ies.

My relationship to the named Beneficiary/ies: _____

The address of the Beneficiary/ies: _____

In the event of the death of the Beneficiary/ies, I hereby designate: _____ as a Contingent Beneficiary.

My relationship to the named Contingent Beneficiary/ies: _____

The address of the Contingent Beneficiary/ies: _____

In the event that you die before you begin receiving your deferred payments, the designated beneficiary will receive a lump sum distribution of the accrued account balance. However, in the event that you die but at that time the deferred payments have already commenced, then the designated beneficiary will assume your distribution schedule.

6. TAXES & TAX WITHHOLDING *(This information will be re-verified with you before your first distribution)*

REQUIRED Federal Taxes: Distributions from the Plan are subject to federal income taxes 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 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)

20%

25%

30%

OPTIONAL 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

7. AUTOMATIC RENEWAL

Your election will be in effect for only this Plan Year unless you decide to keep these same elections for future Plan Years. Please indicate the duration of your elections.

- I am choosing to have my elections only be in effect for this Plan Year. If I wish to continue to defer payments for future Plan Years, I understand that I will need to complete this election form again.
- I am choosing to Automatically Renew my election for all subsequent years. I understand that this renewal will stay in effect until I contact the Trustee to terminate the renewal. This renewal applies to all sections of this application, including: Election Information, Payment Method, Investment Selection, Beneficiary Designation, and Taxes and Tax Withholding. If I wish to make changes to any part of my election, I understand that I will complete a new election form for that Plan Year.

SIGNATURE & AFFIRMATION

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 as needed to process this request and proper administration of the Plan. I also understand and acknowledge that all distributions are subject to such further limitations as may be set forth in the Plan.

Signature: _____

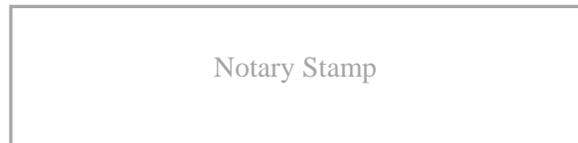
Date: _____

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: _____
Expiration Date: _____



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 1-855-POKAGON.