

GILA RIVER INDIAN COMMUNITY MINORS TRUST ADULT DISTRIBUTION REQUEST FORM



1. GENERAL INFORMATION OF THE YOUNG ADULT							
Name:	Enrollment #						
You n	ast attach a copy of a photo ID (such as a Driver's License).						
Mailin	Address:						
(must	atch the address on file with the Community) City State Zip Code						
Phone	number: Email address:						
2.	DISTRIBUTION INFORMATION						
	IC Minors Trust can distribute the complete balance of the trust at Age 21, or it can distribute as soon as Age 18 if e attained a high school diploma or GED certificate.						
	I am Age 21 older. I am Age 18 or older and I have attained my high school diploma or GED certificate. Name of High School / GED Program: Phone Number of High School / GED Program: Year Graduated:						
	Phone Number of High School / GED Program: rear Graduated:						
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 Community to prevent fraud). ☐ Pick up check at Providence First Trust Company (address below) ☐ 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).							
Na	ne on the Account: Bank Name:						
Ac	count Number: Routing Number:						
Th	s is a: Checking Account, or Savings Account						
<u>At</u>	Attach a voided check or a letter from your bank confirming the information in this section.						
4.	TAXES						
under Taxes addition withho	RED Federal Taxes: Please understand that all distributions from your Trust are subject to federal income taxes the Indian Gaming Regulatory Act (IGRA), and will be reported as income to the IRS and to you on a Form 1099, will be withheld at the IRS withholding rates (pursuant to IRS Publication 15-A), but you may elect to have tall taxes withheld below if you have other income that may cause you to be in a higher tax bracket. Such ding will be forwarded to the IRS on your behalf and reported to you on a Form 1099.						
	Minimum (default – as described above) 15% 20% 25%						



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<u>OPTIONAL State Taxes</u>: 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 distribut	tion		
		SIGNATURE			
shared with Gila River Inc	dian Community as neede	d to process this requ	est and prope	nsent to all information here or administration of the Trus s as may be set forth in the T	t. I also
	er notice. I understand th			electronically transferred to t in effect until I submit a ne	
Providence First Trust wi	Il not contact my bank to deer there are other authori	confirm the name on	the account o	ctions above and I understart whether I am an authorize gree to hold Providence Fir	d signer
Signature:			Date:		
STATE OF					
Subscribed and affirmed b	pefore me on this da	ıy of	, 20	_, by	
proved to me on the basis	of satisfactory evidence to F, I have hereunto set my h	be the person who a	appeared befor		
Notary Public Signature: Expiration Date:				Notary Stamp	
When completed,	By mail: 884 By fax: 602	ovidence First Trust (40 E. Chaparral Rd., 2-952-0018	Suite 250, Sco	ottsdale AZ, 85250	

Please remember to attach:

- 1) Copy of your photo ID
- 2) Copy of diploma / GED certificate, if applicable
- 3) Voided check or letter from bank, if selected direct deposit