



# BISHOP TRIBAL COUNCIL

## REQUEST FOR DISTRIBUTION FROM MINOR'S TRUST ACCOUNT

Please fill this form out completely and return to the Enrollment Department at the Tribal Administration Office. The check will be mailed to the mailing address listed below. Please double check to ensure it is correct.

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Verify Last Four Digits of Social Security Number: XXX-XX-\_\_\_\_\_**

### CONTACT INFORMATION

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **ELIGIBILITY**

- 18 Years old with GED (Provide color copy)
- 18 Years old with High School Diploma (Provide color copy)
- 21 Years of Age

### **DOCUMENTS REQUIRED**

- Proof of Graduation (See Above)
- Photo Identification
- Copy of Social Security Card

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SUBMIT ORIGINAL DOCUMENTS; IF FAXING, or EMAILING, PLEASE MAIL IN HARDCOPIES.**

**1. MAIL:**

Bishop Paiute Tribe  
Attn: Enrollment Department  
50 Tu Su Lane, Bishop, CA 93514

**2. EMAIL:**

lavaree.chavez@bishoppaiute.org

**3. FAX:**

(760) 873-4143

Attn: Enrollment Department

**QUESTIONS: Enrollment Department (760) 873-3584 Ext. 1500**



Bishop Paiute Tribe  
50 Tu Su Lane  
Bishop, CA 93514

Phone: 760-873-3584 Fax: 760-873-4143

**BISHOP PAIUTE TRIBE  
MINOR TRUST WITHDRAWAL  
REQUEST FORM**

**ALL INFORMATION MUST BE COMPLETED BEFORE REQUEST WILL BE PROCESSED**

The Bishop Paiute Tribe directs Pinnacle Bank to distribute funds from Minors Trust account per the following instructions:

<b>Date of Request:</b>		<b>Member Name:</b>	
<b>DOB:</b>		<b>SSN #:</b>	
<b>Member #:</b>		<b>Current Address:</b>	
<b>Phone Number:</b>		<b>City, State &amp; Zip</b>	
<b>Date of Diploma/GED</b>		<b>Attached Diploma or GED</b>	Diploma: <input type="checkbox"/> GED: <input type="checkbox"/> 21: <input type="checkbox"/>

Trust Requirement Declaration: I certify that I have met all the requirements set by the Bishop Paiute Tribe's Tribal Council and I am requesting disbursement of my trust funds.

DISTRIBUTION AMOUNT (%) OR (\$): \_\_\_\_\_ DISTRIBUTION TYPE: Health/Education \_\_\_\_\_ Final Distribution: **X**

ADDITIONAL TAX TO BE WITHHELD: \$ OR % \_\_\_\_\_ **CHECK** or **DIRECT** DEPOSIT (circle one)

BANK NAME: \_\_\_\_\_ BANK ABA#: \_\_\_\_\_  
BANK ADDRESS: \_\_\_\_\_ CHECKING Acct #: \_\_\_\_\_  
BANK PHONE #: \_\_\_\_\_ SAVINGS Acct #: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
*Tribal Member Signature* *Date*

*The above Tribal Member has met the Conditions of Distribution as set forth by the Bishop Paiute Tribe's Tribal Council. I hereby direct distribution of funds as requested.*

APPROVED: \_\_\_\_\_  
*Tribal Administrator* *Date*

**TO BE COMPLETED BY ENROLLMENT DEPT:**

<input type="checkbox"/>	E-Mail sent to:	E-mail Date:
<input type="checkbox"/>	E-Mail sent by:	Initials:

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY SAFEKEEPING BANK:**

DATE RECEIVED: \_\_\_\_\_  
DATE TO PB: \_\_\_\_\_  
DATE PAID: \_\_\_\_\_  
SAFEKEEPING BANK: \_\_\_\_\_

Gross Amount:	\$ _____
W/H Amount:	\$ _____
Distribution:	\$ _____
<b>Net Amount:</b>	<b>\$ _____</b>