



KAIBAB BAND OF PAIUTES MINORS TRUST EARLY DISCRETIONARY DISTRIBUTION REQUEST FORM



PROVIDENCE FIRST
TRUST COMPANY

1. GENERAL INFORMATION

Minor's Name: _____

Minor's Enrollment # _____

Parent/Guardian Name: _____

Phone Number: _____

Address: _____

Email address: _____

(must match the address on file with Band)

2. DISTRIBUTION INFORMATION

The approved purposes for which trust funds can be used for your child are listed below. Please indicate the amount and purpose of the requested trust funds. We will make distributions payable directly to the service provider or supplier when possible. When distributions are made directly to the parent/guardian, original receipts must be submitted to confirm trust funds were spent properly before future distributions are permitted from the trust. An envelope and instructions for sending in the receipts will be sent with each distribution.

Amount: **Category:** **Details:**

\$ _____ **Health** List health needs of child: _____
Distributions for health expenses up to \$3,000/year, provided that the cost of services is not reimbursable or covered by other sources. Include the name of doctor/hospital and copy of the bill.

\$ _____ **Education** List education needs of the child: _____
Distributions of up to \$1,200 per computer/laptop/computer is allowed for minor 4-17 years old. A minor may receive up to 4 computers throughout the lifetime of the trust. Include invoice or purchase receipt of the computer item. Distributions for tuition may be made directly to a private elementary or secondary school. Include the name and contact information of the school.

\$ _____ **Welfare** List welfare needs of child: _____
Distributions may be used for an annual clothing allowance up to \$400/year for children age 0 to 12 and up to \$599/year for children age 13 to 17.

\$ _____ **Taxes** List welfare needs of child: _____
Distributions are allowed to pay for extra taxes that were incurred due to distributions from the trust. Include a copy of the tax return filed for the minor OR your tax return, with an explanation of the taxes incurred due to trust distributions.

Further explanation of need and reason for request: _____

3. LACK OF OTHER RESOURCES

Before you received a trust distribution. You must first use other resources.

1. Funds of the Parent/Guardian: Budget – Income/Expenses

Estimated household income: \$ _____ /month OR \$ _____ /year
(job, investments, child support, per capita)

Estimated household expenses: \$ _____ /month OR \$ _____ /year
(mortgage, utilities, vehicles, groceries, clothing, medical, taxes, leisure, insurance, etc.)

How many people does such income support? _____

2. Insurance/Scholarships

Is there any available health insurance or scholarship for your request? _____

3. Social Programs

Is there any federal, state, or local government assistance available for your request? _____

Is there any tribal program/assistance available for your request? _____

Please attach documentation regarding any denied assistance from insurance or government programs.

4. TAXES AND TAX WITHHOLDING

Federal Taxes: Please understand that all distributions from the 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. By default, taxes will be withheld at the IRS withholding rates, however, you may elect to have additional taxes withheld if you have other income. Such withholding 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%

☐ Other: _____

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:

State: _____ Amount: _____ % of my gross distribution

AFFIRMATION & SIGNATURE

By signing this application, I hereby affirm that: (1) all prior Trust distributions have been properly used; (2) no other resources are available for this requested need, including my income as parent/guardian, any reimbursement, insurance, scholarship, or any government or tribal program; (3) that all information I have provided herein is accurate and complete; (4) that I will use this distribution solely for the use listed above. I hereby consent to all information herein being shared with the Kaibab Band of Paiutes, and consent for government and personal information and records relevant to this request being shared with Providence First Trust from any tribal government entity, federal or state government entity. I also understand and acknowledge that (1) all distributions are subject to such further limitations and restrictions as may be set forth in the Trust; and that (2) the trustee reserves the right to require additional detailed accountings, statements or consents, budgets and receipts, copies of government filings reasonably related to your request, or other proof of compliance with the terms of the Trust.

If you are an adult (age 18) beneficiary, you must sign this form yourself.

Signature: _____

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: kaibab@providencefirst.com

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



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