



PLPT Enrollment No.:	
----------------------	--

The Pyramid Lake Paiute Tribe Economic Development Minors Trust DISTRIBUTION ACCEPTANCE FORM

Please complete each section as instructed.

Tribal Member Information ➤
(Please print)

If your address is new, ➤
please be sure to contact the
Tribal Enrollment Office
directly to update their records

Completed Forms Due Date ➤

Distribution Election ➤
(Please complete this
section entirely)

This form contains the information and elections you must make for your distribution from the Trust. You are encouraged to discuss your personal financial situation with your lawyer, estate planner, or other tax advisor before completing these forms.

First Name	Middle Initial	Last Name	
Social Security #	Contact Phone #	Contact Email	
Physical Address (No. & Street) MANDATORY			Date of Birth
City/Town		State	Zip Code

Your distribution will occur within 1 month after the end of the calendar quarter (March 31, June 30, September 30, or December 31) in which you return your completed and signed form.

I request payment as follows – Initial only 1 box below:

Initials

1. Check Payable to me or to my designated legal representative.

Name on Check: _____

Mailing address: _____

OR

Initials

2. Transfer to my Bank account or to the account of my designated legal Representative.

- Please attach a voided check or deposit slip showing your name as an account owner.

Bank Name:
Bank Address:
Bank Routing / ABA #:
Bank Account Name:
Bank Account #:

Federal & State Income Tax Withholding ➤

Initial only one box each under Federal and State Tax Withholding on your account's earnings:

Federal Tax Withholding

State Tax Withholding

Initials

I DO **NOT** WANT to have Federal income taxes withheld from my account earnings.

Initials

I DO **NOT** WANT to have State income taxes withheld from my account earnings.

Initials

I WANT _____% or \$_____ in **Federal** income taxes withheld from my account earnings.

Initials

I WANT _____% or \$_____ in **State** income taxes withheld from my account earnings.

If no election is made, Federal and State Income Taxes will be NOT withheld from your account earnings.

Consent and ➤

Acknowledgment of Elections

(Please sign and date. May require Legal Representative Authorization.)

Under penalties of perjury, I certify that:

- 1) I am the Tribal Member entitled to this distribution, and the number shown on this withdrawal request is my correct Social Security Number and the address is my correct address.

OR

- 2) I am the **designated legal representative** of the Tribal Member listed above. I have attached the **Court Order** and/or **Power of Attorney** permitting me to represent the Tribal Member on financial matters.

I have completed the distribution instructions above and have elected a check or bank direct deposit directly to me, as a Tribal Member, or to the account required per the Court Order/Power of Attorney

Date: ____/____/____

X _____
Member Signature

OR

Date: ____/____/____

X _____
Designated Legal Representative Signature

Designated Legal Representative Name: _____

Address: _____

Phone: _____

Email: _____

Delivery Instructions ➤

This completed form may be returned in person to the Tribal Enrollment Office / OR by mail/fax to:

Pyramid Lake Tribal Enrollment Office
PO Box 256
Nixon, NV 89424
Phone: 775-574-1000 ext. 1115
Fax: 775-574-1008
pl enrollment@plpt.nsn.us

If you have any questions, please contact the Enrollment Office at 775-574-1000 ext 1115

RETAIN A COPY OF THESE FORMS FOR YOUR RECORDS.



BANK ACCOUNT VERIFICATION FOR ECONOMIC STIMULUS PAYMENT

IF YOU HAVE COMPLETED ALL INFORMATION IN THE DISTRIBUTION ACCEPTANCE FORM, **Part 2: Transfer to my Bank account or to the account of my designated legal representative**, *this form can be submitted if a voided check or deposit slip is not available.*

Bank Account Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature of Bank Holder

Date

YOUR BANK MUST PROVIDE THIS INFORMATION:

Bank Name: _____ Bank Phone: _____

Bank Address: _____

Bank Routing #: _____ Account #: _____

Checking

Savings

Name of Bank Representative:

First

Last

Signature of Bank Representative:

Signature

Date