



PLPT Enrollment No.:	
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The Pyramid Lake Paiute Tribe  
Economic Development Fund Trust

2024 ECONOMIC STIMULUS DISTRIBUTION ACCEPTANCE FORM

Please complete each section as instructed.

**Tribal Member Information** ➤  
(Please print)

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	
Mailing Address		Date of Birth	
City/Town		State	Zip Code

**Completed Forms Due Date** ➤

As soon as you return this form (completed and signed), your distribution process will begin. The deadline to submit this form is December 6, 2030.

**2024 Distribution Election** ➤  
(Please complete this section entirely)

**I request payment as follows:**

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

**Name on Check:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**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 directly to me, as a Tribal Member, or to the Individual I represent 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 must be returned in person to the Tribal Enrollment Office / OR by mail/fax/email 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](mailto: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.**