

## **KAIBAB PAIUTE MINOR'S TRUST ADULT PAYMENT REQUEST CARD**

THIS CARD IS ONLY TO BE USED BY MEMBERS EIGHTEEN YEARS OLD OR OLDER WHO HAVE A BALANCE IN THEIR KAIBAB PAIUTE MINOR'S TRUST ACCOUNT. This form is filled out by the member, not by parents or guardians. There is a separate form for parents and guardians to use for requesting payments from a Minor's Trust for a child under eighteen years old.

I affirm that the information below is accurate and complete, and I also consent to all information herein being shared with Kaibab Paiute government entities and their agents, and information about you relevant to this Certification being given to Providence First Trust Company from any Kaibab Paiute or tribal government entity, U.S. or state government entity, or their agents.

Name : \_\_\_\_\_ Tribal Id # \_\_\_\_\_

Current Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

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I REQUEST THE FOLLOWING PAYMENT (PLEASE MARK ONE CHOICE):

I am requesting my first Yearly Payment, available only if one of the following applies:

I am 21 years old or older, **OR**

I am 18 years old or older **and** I have graduated from high school or obtained a G.E.D. Enclosed is a copy of my high school diploma or G.E.D., along with the following information:

Name of High School: \_\_\_\_\_

High school office phone: \_\_\_\_\_ Year graduated: \_\_\_\_\_

I am requesting my next Yearly Payment available after first or later Yearly Payment