



PLPT Enrollment No.:	
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The Pyramid Lake Paiute Tribe Economic Development Fund Trust 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	
Physical Address (No. & Street)			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.

Distribution Election ➤
(Please complete this section entirely)

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 #:

**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.