



**THE HUALAPAI TRIBE
MINORS TRUST
ADULT TERMINATION/DISTRIBUTION
REQUEST FORM**

NAME: _____ TRIBAL ID #: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME PHONE: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____

I have reached the age of 18 and hereby request my trust to be terminated and distributed to me.

Payment Method:

_____ Check - mailed to the address on file with the Hualapai Tribe (which must match the address listed above to prevent fraud).

_____ Direct Deposit to your checking account – you must attach a voided check (and the name on the bank account must match the name of the adult requesting this distribution to prevent fraud).

Bank Name: _____ Is this account a: ___ Checking or: ___ Savings

Account Number: _____ Routing number: _____

I affirm that the information marked on this form is accurate and complete. I also consent to all information herein being shared with Hualapai Tribal government agencies and entities, on a need to know basis for processing this request and proper administration of the Hualapai Tribal Minors Trust.

SIGNATURE: X _____ **DATE:** _____

State of _____
County of _____

Subscribed and affirmed before me on this ___ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
In Witness Whereof, I have hereto set my hand and official seal.

Notary Public: _____ Expiration Date: _____

You must return the original of this form to:
Providence First Trust Company
8840 E. Chaparral Road, Suite 250
Scottsdale, AZ 85250
For questions, call (602) 952-2300 or toll free at 1-800-350-0208

