



BISHOP TRIBAL COUNCIL

REQUEST FOR DISTRIBUTION FROM MINOR'S TRUST ACCOUNT

Please fill this form out completely and return to the Enrollment Department at the Tribal Administration Office. The check will be mailed to the mailing address listed below. Please double check to ensure it is correct.

PERSONAL INFORMATION

Last Name: _____ First Name _____ MI: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Verify Last Four Digits of Social Security Number: XXX-XX - _____

CONTACT INFORMATION

Home Phone: _____ Cell Phone: _____

E-mail: _____

ELIGIBILITY

- ☐ 18 Years old with GED (Provide color copy)
- ☐ 18 Years old with High School Diploma (Provide color copy)
- ☐ 21 Years of Age

DOCUMENTS REQUIRED

- ☐ Proof of Graduation (See Above)
- ☐ Photo Identification
- ☐ Copy of Social Security Card

SIGNATURE: _____ DATE: _____

*** documents mailed, emailed, or faxed. Must include a certificate of notarization***

1. MAIL:

Bishop Paiute Tribe
Attn: Enrollment Department
50 Tu Su Lane, Bishop, CA 93514

2. EMAIL:

enrollment@bishoppaiute.gov

3. FAX:

(760) 873-4143
Attn: Enrollment Department

QUESTIONS: Enrollment Department (760) 873-3584 Ext. 1500

Revised 06/12/25



Bishop Paiute Tribe
50 Tu Su Lane
Bishop, CA 93514

Phone: 760-873-3584 Fax: 760-873-4143

**BISHOP PAIUTE TRIBE
MINOR TRUST WITHDRAWAL
REQUEST FORM**

ALL INFORMATION MUST BE COMPLETED BEFORE REQUEST WILL BE PROCESSED

The Bishop Paiute Tribe directs Pinnacle Bank to distribute funds from Minors Trust account per the following instructions:

Date of Request:		Member Name:	
DOB:		SSN #:	
Member #:		Current Address:	
Phone Number:		City, State & Zip	
Date of Diploma/GED		Attached Diploma or GED	Diploma: <input type="checkbox"/> GED: <input type="checkbox"/> 21: <input type="checkbox"/>

Trust Requirement Declaration: I certify that I have met all the requirements set by the Bishop Paiute Tribe's Tribal Council and I am requesting disbursement of my trust funds.

DISTRIBUTION AMOUNT (%) OR (\$): _____ DISTRIBUTION TYPE: Health/Education _____ Final Distribution: **X**

ADDITIONAL TAX TO BE WITHHELD: \$ OR % _____ **CHECK** or **DIRECT** DEPOSIT (circle one)

BANK NAME: _____ BANK ABA#: _____
BANK ADDRESS: _____ CHECKING Acct #: _____
BANK PHONE #: _____ SAVINGS Acct #: _____

REQUESTED BY: _____
Tribal Member Signature *Date*

The above Tribal Member has met the Conditions of Distribution as set forth by the Bishop Paiute Tribe's Tribal Council. I hereby direct distribution of funds as requested.

APPROVED: _____
Chief Executive Officer *Date*

TO BE COMPLETED BY ENROLLMENT DEPT:

<input type="checkbox"/>	E-Mail sent to:	E-mail Date:
<input type="checkbox"/>	E-Mail sent by:	Initials:

SPECIAL INSTRUCTIONS: _____

TO BE COMPLETED BY SAFEKEEPING BANK:

DATE RECEIVED: _____
DATE TO PB: _____
DATE PAID: _____
SAFEKEEPING BANK: _____

Gross Amount: \$ _____
W/H Amount: \$ _____
Distribution: \$ _____
Net Amount: \$ _____