

A Request Form Must be Completed for Every Distribution

YEAR _____ NGD# _____

QUARTZ VALLEY INDIAN RESERVATION
Non-Gaming Distribution Request

Name of Child: _____

Social Security #: _____

Name of Tribal Parent: _____

OR Name of Tribal Guardian: _____

Address: _____

City / State / Zip Code: _____

If the Child Does Not Live in the Tribal Parents' Household

Please complete this portion *only* if the child *does not* live in the Tribal parents' household and you want the money distributed to the child in care of the custodial or other parent or guardian.

I, _____ am requesting for the release of the minor's non-gaming
(Name of Tribal Parent)

distribution to: _____ for _____
(Name of Custodial Parent / Guardian) (Name of Child)

Custodial Parent / Guardian: _____

Address: _____

City / State / Zip Code: _____

To be Filled Out by the Tribal Parent or Guardian

OPTIONS:

Issue Check to Child
for this Distribution

Issue Check to Child for
Previous Distribution (s) _____ / _____
YEAR DISTRIBUTION #

Place into NGD Savings Account

COMMENTS: _____

(Tribal Parent or Guardian's Signature)

(Date)