

Little River Band of Ottawa Indians Bereavement Benefit Beneficiary Designation Form

Tribal Member (last, first, middle initial)			Tribal I.D.#
Gender (circle) M F	Date of Birth / /	Social Security # / /	
Home Address			
City	State	Zip Code	Phone ()
Primary Beneficiary Name(s), Relationship(s):			
Home Address			
City	State	Zip Code	Phone ()
Secondary Beneficiary Name(s), Relationship(s):			
Home Address			
City	State	Zip Code	Phone ()

_____ Date

_____ Tribal Member's Signature

I, _____, a Notary Public in and for _____

_____, County of _____, do hereby

certify that _____ Provided proper photo identification that clearly identifies the person who executed the foregoing instrument as the above named person acknowledged the execution of the foregoing instrument to be his/her act and deed. Subscribed and Sworn to me this

_____ day of _____

Notary Public
In _____

County of _____

My Commission Expires on _____

**DO NOT WRITE BELOW THIS LINE
OFFICE USE ONLY**

AST ADD REC'D _____ / _____ / _____

1ST: TEO
2ND: MF
3RD: VRF
4TH: MEM