



Little River Band of Ottawa Indians
Enrollment Department
2608 Government Center Drive
Manistee, Michigan 49660
Phone (231) 723-8288
Fax (231) 331-1230

BENEFICIARY DESIGNATION
FORM FOR PER CAP DISTRIBUTION

Tribal Member Information

Name _____
First Middle Last Former Last Name
Membership# _____ SS# _____ Date of Birth _____

Beneficiary Information

Primary Beneficiary Information

Name _____
First Middle Last Relationship
Mailing Address _____ () -
Phone
City _____ State _____ Zip Code _____

Secondary Beneficiary Information

Name _____
First Middle Last Relationship
Mailing Address _____ () -
Phone
City _____ State _____ Zip Code _____

Date _____ Tribal Member's Signature _____

I, _____, a Notary Public for the State of _____ County
of _____, do hereby certify that _____
provided proper 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 _____, _____
Month Year

Notary Public
My Commission Expires on _____



LITTLE RIVER BAND OF OTTAWA INDIANS

**Bereavement Benefit
 Enrollment Department
 2608 Government Center Drive
 Manistee, MI 49660
 (231) 723-8288**

Beneficiary Designation Form

Tribal Member (Last, First, Middle Initial)			Tribal ID #
Gender (Circle) M F	Social Security #	/ /	Date of Birth / /
Mailing Address			
City	State	Zip Code	Phone ()
Primary Beneficiary Name(s),		Relationship(s)	
Mailing Address			
City	State	Zip Code	Phone ()
Secondary Beneficiary Name(s),		Relationship(s)	
Mailing Address			
City	State	Zip Code	Phone ()

In the event all listed beneficiaries are deceased, it shall revert back to your next of kin unless directed otherwise by an order of the court.

 Date Tribal Member's Signature

I, _____, a Notary Public for the State of _____
 County of _____, do hereby certify that _____
 provided proper 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 _____,
 Month Year

 Notary Public
 My Commission Expires _____