

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, Fi	rst, Middle Initial)			Tribal ID #
Gender (Circle) M F	Social Security #	/ /	Date of Birth	/ /
Mailing Address	1			
City	State	Zip Code	Phone ()
Primary Beneficiary Nar	ne(s),	Relationship(s)		
Mailing Address				
City	State	Zip Code	Phone ()
Secondary Beneficiary N	fame(s),	Relationship(s)		
Mailing Address				
City	State	Zip Code	Phone ()
In the event all listed bene otherwise by an order of t	he court. 	t shall revert back to y	our next of kin u	ınless directed
[,	, a Notary Public for the State of			
County of	, do on that clearly identifies to d the execution of the for	o hereby certify that the person who executed regoing instrument to be	d the foregoing in his/her act and d	strument as the above
Subscribed and Sworn to like	u		onth	Year
	Notary Pub My Commis	lic ssion Expires		