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_____

Revised 2-20-2018