



Little River Band of Ottawa Indians
 Enrollment Department
 2608 Government Center Drive
 Manistee, Michigan 49660
 Phone (231) 723-8288
 Fax (863) 884-8245

**BENEFICIARY DESIGNATION
 FORM FOR PER CAP DISTRIBUTION**

Tribal Member Information

Name _____
 First Middle Last Former Last Name

Membership# _____ SS# _____ Date of Birth _____

Beneficiary Information

<u>Primary Beneficiary Information</u>			
Name	_____	_____	_____
First	Middle	Last	Relationship
Mailing Address		() - Phone	
City	State	Zip Code	
<u>Secondary Beneficiary Information</u>			
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 _____



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Dear Tribal Member:

This mailing is in regards to PER CAPITA DISTRIBUTIONS that the Tribe is currently paying out on a quarterly basis. According to the Revenue Allocation Plan (“RAP”) adopted by the Tribe and approved by the BIA, eligibility to receive a per capita distribution is determined on the last day of a fiscal quarter, but the payment for that fiscal quarter is made two fiscal quarters later; i.e. a tribal member that is alive and otherwise qualified at the end of fiscal quarter one is eligible to receive a per capita distribution on the first day of fiscal quarter three, even if they die prior to the per capita distribution being made.

Enclosed is a form which allows you to select beneficiaries to receive any per capita distribution you are eligible to receive, but would not receive due to passing away prior to the per capita distribution being paid. If you do not select a beneficiary, any per capita payment you were eligible to receive will go to the person you have designated on your Bereavement Beneficiary Form that is on file in the Enrollment Department’s database.

Please return this form to the **Enrollment Department** as soon as possible. This form does have to be **NOTARIZED**. If you have any questions regarding this form, feel free to contact the Enrollment Department. You can contact us by calling Mary Carpenter at (231) 398-6713.

Sincerely,

Mary Carpenter
Enrollment Coordinator