



Confederated Tribes of Siletz Indians (CTSI)

Enrollment Department

Mailing: PO Box 549

Siletz, OR 97380-0549

Telephone: (541)444-8258

Toll-Free: 1-800-922-1399 extension 1258 or 1292

Website: ctsi.nsn.us

Physical: 201 SE Swan AVE

Siletz, Oregon

Facsimile: (541)444-2307

E-mail: angelam@ctsi.nsn.us

Death Benefit Beneficiary Designation Form

I, _____, hereby designate the named person below as my beneficiary for the Tribal Death Benefit Insurance. My beneficiary is 18 years of age or older and will be responsible for my funeral arrangements.

My information (please print and sign in designated area, parent or legal guardian must sign if the above is under the age of 18 years)

Enrollment number: _____

Date of Birth: _____

Signature

Date

1st Beneficiary (please print)

Full Legal Name: _____

Current Address: _____

City, State, Zip: _____

Telephone Number(s): _____

If the above named person is unavailable or incapable of receiving the Tribal Death Benefit Insurance and/or unable to be responsible for my funeral arrangements, I designate the named person below as my second and optional beneficiary.

2nd Beneficiary (please print)

Full Legal Name: _____

Current Address: _____

City, State, Zip: _____

Telephone Number(s): _____

Return this completed form by mail at the PO Box or in person at the street address or if you have any questions, you may contact the Enrollment Department by telephone or E-mail as listed on the letterhead.

Thank you.