

DEATH BENEFIT BENEFICIARY DESIGNATION FORM

I, _____, hereby designate

1st Beneficiary:

_____ (Please print full name)

_____ (Beneficiary's current address)

_____ (City) (State) (Zip Code)

_____ (Beneficiary's telephone number)

as my beneficiary for the tribal death benefit insurance (beneficiary must be at least 18 years if age).

_____/_____
Signature Parent/Guardian Signature If Minor

Roll No. Date of Birth Date

Return completed form to: Confederated Tribes of Siletz
D.B. Insurance
P.O. Box 549
Siletz, OR 97380

[] Check here if this is a change in beneficiary or beneficiary address.

(OPTIONAL)

2nd Beneficiary: _____

_____ (Please print full name)

_____ (Beneficiary's current address)

_____ (City) (State) (Zip Code)

_____ (Beneficiary's telephone number)