



Confederated Tribes of Siletz Indians
Enrollment Department

201 SE Swan Ave
PO Box 549
Siletz, Oregon 97380-0549
Telephone: (541) 444-8258 • Toll Free: (800) 922-1399 ext. 1258

Designation of Death Benefit Beneficiary

Please print clearly in blue or black ink

INSTRUCTIONS: Review the enclosed brochure for more information about the Death Benefit & Insurance. Print clearly in black or blue ink. A parent or legal guardian must sign if the named tribal member is under 18 years of age. If you are signing as a legal guardian of a minor or adult, you must submit legal verification that names you as the Guardian. The designated Beneficiaries must be age 18 or older. This benefit is not allowed to be specified for designation to an individual in a Last Will & Testament or similar document. The Designated Beneficiary CANNOT be a family trust or the estate of the deceased. Refer to the Funeral Assistance & Benefits Policy on the Tribal website or contact Enrollment Staff for a copy.

I, _____, (name of tribal member), Tribal Roll # _____ hereby designate the **adult(s)** named on page two (2) of this document as my beneficiary for the Tribal Death Benefit Insurance.

X _____
Signature Date
Signed By: Tribal Member Legal Guardian of Minor Legal Guardian of Adult*

Phone Number: _____

* Documentation will be reviewed by Tribal legal staff

Printed Name of Parent/Legal Guardian: _____

NOTARIZATION FOR SIGNATURE VERIFICATION REQUIRED

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____ (date) by _____ (name of person).

Notary Public:

Print Name: _____

My Commission Expires: _____

SILETZ TRIBAL OFFICE USE ONLY	
TRIBAL ROLL # _____	ENTERED BY: _____
ENTERED DATE: _____	

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NOTE: If you choose to have two beneficiaries that split the Death Benefit Insurance, list them both as "1st Beneficiary". Attach pages for additional beneficiaries if necessary. Please share the enclosed brochure with your Beneficiary. You can name anyone as a Beneficiary so long as they are age 18 or over at the time this form is completed, they do not have to be a relative, and they do not have to be a Tribal member. In the matter of Probate – Enrollment staff will provide necessary documentation as needed for probate.

1st Beneficiary (please print)

Full Legal Name: _____

Relationship to You: _____ DOB: _____

Current Mailing Address: _____

City, State, Zip: _____

Telephone Number(s): _____

2nd Beneficiary (please print)

Full Legal Name: _____

Relationship to You: _____ DOB: _____

Current Mailing Address: _____

City, State, Zip: _____

Telephone Number(s): _____

3rd Beneficiary (please print)

Full Legal Name: _____

Relationship to You: _____ DOB: _____

Current Mailing Address: _____

City, State, Zip: _____

Telephone Number(s): _____

RETURN THIS COMPLETED FORM TO:

Mail: CTSI-Enrollment PO Box 549 Siletz, OR 97380	In Person: Any Siletz Tribal Office
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If you have any questions, you may contact the Enrollment Department by telephone at (800) 922-1399 ext. 1258 or E-mail to EnrollmentDepartment@ctsi.nsn.us.