



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

INSTRUCTIONS: Complete this form by printing clearly in black or blue ink then sign your name with Notary present. 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 Death Benefits Guide and 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 DATE: _____		ENTERED BY: _____

Designation of Death Benefit Beneficiary

You can list a single beneficiary or multiple beneficiaries in the space below. You can name *anyone* as a Beneficiary age 18 or older at the time this form is completed; they do not have to be a relative or a Tribal member. Provide your Beneficiary the Death Benefit Guide. In the matter of Probate – Enrollment staff will provide necessary documentation as needed for probate.

Check this box if you wish your death benefit to be equally divided among the surviving beneficiaries named below. If you do not check this box, your death benefit will be paid to a single surviving beneficiary.

Payable on Death Beneficiary Designation

Tribal members age 18 and over: Check the box above if you would like to designate your Death Benefit Beneficiaries as your Payable on Death Beneficiaries. Payable on Death Beneficiaries are eligible to receive any unclaimed Tribal monetary benefits belonging to you at the time of your death. In accordance with the Siletz Probate Ordinance, Tribal members may elect to designate one or more individuals to receive outstanding Tribal monetary benefits. These funds may include per capita payments, elder stipend checks, housing deposits, or other program funds. The intention of this designation is to ease the process of releasing funds to designated heirs pursuant to STC §8.609. This designation does not apply to Disabled Adult Trust account funds. This designation applies to Minor Trust account funds only for those age 18 and over.

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 In Person: Any Siletz Tribal Office
 PO Box 549
 Siletz, OR 97380

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.