



Pokagon Band Department of Social Services
Designation of Beneficiary

Applicant Information

Applicant's Name

Date of Application

Telephone Number

Date of Birth

Street Address

City/Town

State/Zip

Social Security Number

Please indicate your eligibility status as defined under subsection 6(B) of the Burial Fund Code:

- Pokagon Band member Tribal Enrollment Number _____
- Spouse of Pokagon Band member
- Non-Pokagon Band member Parent of Pokagon Band member

Note: If the decedent was a minor, the remaining funds are paid to the minor's parents.

Naming the Primary Beneficiary

Note: It is important that your beneficiary designation be clear so there is no question or confusion about your intent. The primary beneficiary is the person who receives the remaining funds, if any, after payment of the funeral, monument, and luncheon. You may name one or more primary beneficiaries and if you name more than one, please indicate the distribution by percentage. If you name multiple primary beneficiaries, the total percentage must equal 100%. If you do not indicate a distribution percentage, each primary beneficiary will receive an equal share. If one of your primary beneficiaries predeceases you, his or her share of the funds will be paid equally to the remaining primary beneficiaries.

I hereby revoke any previous designations of primary and contingent beneficiary (ies), if any, and designate the following:

Primary Beneficiary (ies) –

Name (First, Middle Initial, and Last)	Address (include city, state, zip code)	Relationship to Applicant and DOB	Telephone Number	Social Security Number	% Share (Total must equal 100%)

Naming the Contingent Beneficiary

The contingent beneficiary will receive the remaining funds, if any, in the event the primary beneficiary (ies) predecease you. You may name one or more contingent beneficiaries and if you name more than one, please indicate the distribution by percentage. If you name multiple contingent beneficiaries the total percentage must equal 100%. If you do not indicate a distribution percentage, each beneficiary will receive an equal share.

Contingent Beneficiary (ies) –

Name (First, Middle Initial, and Last)	Address (include city, state, zip code)	Relationship to Applicant and DOB	Telephone Number	Social Security Number	% Share (Total must equal 100%)

Sworn Statement of _____
Print Name

I swear that the information I have provided in this Designation of Beneficiary is true and correct.

Signature

Print Name

Notary to compete information below.

Signed and sworn to before me in _____ County, _____ on _____.
Print County Print State Print Date

Notary Stamp

Notary's Signature

Notary's Printed Name

Acting In

Commissioned In My Commission Expires