MIAMI TRIBE OF OKLAHOMA

DEATH BENEFIT DISBURSEMENT DESIGNATION FORM

Pursuant to the Miami Tribe of Oklahoma (MTOK) Death Benefit Disbursement Policy, I _____ _____, an enrolled member of the Miami Tribe of Oklahoma, roll # _____, hereby request that my death benefit be paid to the following individual, listed by priority interest below.

I understand if the first person listed is not alive at the time of my death, or does not wish to receive the benefit funds on my behalf, for my funeral expenses, the payment shall be made to the second individual listed, and so on.

I understand the benefit shall be paid pursuant to the MTOK Death Benefit Disbursement Policy and shall be paid under priority interest to one (1) individual. Please pay my death benefit to the following INDIVIDUAL.

1. _____

2. _____

3. _____

4. _____

5. _____

Signed this the _____ day of _____, 20 _____.

_____
Signature of Tribal Member

NOTARY

State of _____)
) SS:
County of _____)

On this the ____ day of _____, 20 ___, before me, a notary public, _____ _____ did personally appear, and is the person who's name is subscribed to this document, and acknowledged that he/she executed the same for the purposes therein contained.

I witness hereof and set my hand and official seal:

_____
Notary Public

My Commission expires: _____