

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

The Enrollment Office | 541-429-7035 | 46411 Timine Way Pendleton, OR 97801 | enrollment@ctuir.org

General Welfare Savings Trust Beneficiary Designation Form

Per CTUIR Minors' Trust Provision 5.6, this form is for use by Trust Member Beneficiaries who are 18 years of age or older and who wish to designate a successor beneficiary or beneficiaries to receive his/her Trust assets at the time of death, should death occur before final distribution.

TRIBAL MEMBER INFORMATION

Full Name	Enrollment Number	Date of Birth
Mailing Address	Phone Number	

BENEFICIARY INSTRUCTIONS

Provide each beneficiary's name, enrollment number (if applicable), date of birth, contact information, and percentage share. List the primary and secondary beneficiaries you wish to designate below. Percentage shares should total 100% within each group.

If a successor beneficiary is a minor CTUIR enrollee at the time of distribution, their share will be transferred to their CTUIR Minors' Trust Account, to be held for that individual's benefit.

PRIMARY BENEFICIARIES

BENEFICIARY 1

Full Name	Enrollment Number (If Applicable)	Date of Birth
Mailing Address	City	State
Phone Number	Email Address	Percentage Share

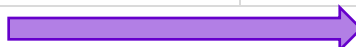
BENEFICIARY 2

Full Name	Enrollment Number (If Applicable)	Date of Birth
Mailing Address	City	State
Phone Number	Email Address	Percentage Share

BENEFICIARY 3

Full Name	Enrollment Number (If Applicable)	Date of Birth
Mailing Address	City	State
Phone Number	Email Address	Percentage Share

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TREATY JUNE 9, 1855 + CAYUSE, WALLA WALLA, AND UMATILLA TRIBES

SECONDARY BENEFICIARIES

Secondary beneficiaries will receive distributions only if there are no surviving primary beneficiaries at the time of your death.

BENEFICIARY 1

Full Name		Enrollment Number (If Applicable)	Date of Birth
Mailing Address	City	State	ZIP Code
Phone Number	Email Address		Percentage Share

BENEFICIARY 2

Full Name		Enrollment Number (If Applicable)	Date of Birth
Mailing Address	City	State	ZIP Code
Phone Number	Email Address		Percentage Share

BENEFICIARY 3

Full Name		Enrollment Number (If Applicable)	Date of Birth
Mailing Address	City	State	ZIP Code
Phone Number	Email Address		Percentage Share

STATEMENT OF PURPOSE

I, the undersigned, understand that, by completing the Minors' Trust Beneficiary Designation Form, I designate the above-listed individuals to receive funds due and owing from the CTUIR Minors' Trust, but not yet distributed at the time of my death. I understand that I may change or revoke this Form at any time, and that this Form must be notarized and received by the CTUIR Enrollment Office to be effective. In the event of multiple forms received by the CTUIR Enrollment Office, the Form dated and executed last will be the Form followed.

I understand that, if multiple primary or secondary successor beneficiaries are designated but I do not indicate a share, or the shares do not equal 100%, each listed beneficiary will receive an equal share. I also understand that, in the event a primary successor beneficiary does not survive me, distribution will be made to either the surviving primary successor beneficiary or beneficiaries in equal shares, or to the secondary beneficiaries that survive me. In the event a secondary successor beneficiary does not survive me, the distribution will be made to either the surviving secondary successor beneficiary or beneficiaries in equal shares or, if no primary or secondary beneficiaries survive me, to my estate.

Signature

Date of Application

Printed Name

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____.

Signature of Notary Public

Date Received in Enrollment: _____ By: _____

TREATY JUNE 9, 1855 + CAYUSE, WALLA WALLA, AND UMATILLA TRIBES