## Confederated Tribes of the Umatilla Indian Reservation

**Tribal Member Information** 

Enrollment Office



46411 Timíne Way Pendleton, OR 97801

www.ctuir.org Phone 541-429-7035 email: info@ctuir.org Fax: 541-278-5317

## Minors' 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.

Full Name:		Enrollment Number: _		_Date of Birth:
Address:		!	Phone: _	
<b>Primary Beneficiary(ies)</b> : Please complete the name, enrol for any individuals you wish to designate as your primary beneficiary, please indicate the percentage share to be distri 100%.	successor	beneficiary or benefici	aries. If	more than one successor
If a successor beneficiary listed below is a minor CTUIR enrol transfer to their CTUIR Minors' Trust Account, to be held for the			n, their sh	nare will be distributed by
Full Name and Enrollment Number (if applicable):	ie bellelle	Enrollment Numb	er	Date of Birth:
Address	City	( approximal)	State	Zip
Phone Number:	E-mail:			Percentage Share
Full Name and Enrollment Number (if applicable):		Enrollment Numb	er	Date of Birth:
Address	City	, , ,	State	Zip
Phone Number:	E-mail:			Percentage Share
Full Name and Enrollment Number (if applicable):		Enrollment Numb	er	Date of Birth:
Address	City	Kii abbiicabie).	State	Zip
Phone Number:	E-mail:			Percentage Share

<u>Secondary Beneficiary(ies):</u> \*\*\*Individuals you designate as secondary beneficiaries will only receive distributions if there are no surviving primary beneficiaries at the time of your death.\*\*\*

Please complete the name, enrollment number (if applicable), date of birth, and contact information for any individuals you wish to designate as your secondary successor beneficiary or beneficiaries. If more than one successor beneficiary, please indicate the percentage share to be distributed to successor beneficiary. Total percentage share should equal 100%.

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

Address	Full Name and Enrollment Number (if applicable):		Enrollment Number	
Andress	City	(if applicable):	State	Zip
Add C33	City		State	Σίρ
Phone Number:	E-mail:			Percentage Share
Full Name and Enrollment Number (if applica	ble):	Enrollment Nu	Enrollment Number	
Address	City	, ,	State	Zip
Phone Number:	E-mail:			Percentage Share
Full Name and Enrollment Number (if applical	hle):	Enrollment Nu	ımber	Date of Birth:
Tan Name and Emonnent Number (ii applicable).	oicj.	(if applicable):		Bate of Birtin
Address	City	( TEP TO ST	State	Zip
Phone Number:	E-mail:			Percentage Share
the undersigned, understand that, by completing the Neceive funds due and owing from the CTUIR Minor may change or revoke this Form at any time, and the pe effective. In the event of multiple forms received form followed.  understand that, if multiple primary or secondary thares do not equal 100%, each listed beneficiary does not survive me distributed.	s' Trust, but not yet at this Form must be by the CTUIR Enrollr successor beneficia will receive an equa	distributed at the notarized and receinent Office, the Formies are designated al share. I also und	ived by the C rm dated and I but I do no derstand that	TUIR Enrollment Office dexecuted last will be t indicate a share, or t, in the event a prim
eceive funds due and owing from the CTUIR Minor may change or revoke this Form at any time, and the pe effective. In the event of multiple forms received form followed.  understand that, if multiple primary or secondary thares do not equal 100%, each listed beneficiary duccessor beneficiary does not survive me, distribution mill be made to does not survive me, the distribution will be made to	s' Trust, but not yet at this Form must be by the CTUIR Enrolls successor beneficia will receive an equation will be made to beneficiaries that surple either the surviving	distributed at the notarized and received and received and received are designated at share. I also under the survivive me. In the every secondary success	ived by the C rm dated and I but I do no derstand that ving primary ent a second	TUIR Enrollment Office a secured last will be the indicate a share, or the indicate a share, or the indicate a share are successor beneficiary ary successor benefice.
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