



## 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.

### Tribal Member Information

Full Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Beneficiary(ies):** Please complete the name, enrollment number (if applicable), date of birth, and contact information for any individuals you wish to designate as your primary 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.

Full Name and Enrollment Number (if applicable):		Enrollment Number (if applicable):	Date of Birth:
Address	City	State	Zip
Phone Number:	E-mail:		Percentage Share

Full Name and Enrollment Number (if applicable):		Enrollment Number (if applicable):	Date of Birth:
Address	City	State	Zip
Phone Number:	E-mail:		Percentage Share

Full Name and Enrollment Number (if applicable):		Enrollment Number (if applicable):	Date of Birth:
Address	City	State	Zip
Phone Number:	E-mail:		Percentage Share

**Secondary Beneficiary(ies):** \*\*\*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.

Full Name and Enrollment Number (if applicable):		Enrollment Number (if applicable):	Date of Birth:
Address	City	State	Zip
Phone Number:	E-mail:		Percentage Share

Full Name and Enrollment Number (if applicable):		Enrollment Number (if applicable):	Date of Birth:
Address	City	State	Zip
Phone Number:	E-mail:		Percentage Share

Full Name and Enrollment Number (if applicable):		Enrollment Number (if applicable):	Date of Birth:
Address	City	State	Zip
Phone Number:	E-mail:		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 surviving, to my estate.

\_\_\_\_\_ Date of Application: \_\_\_\_\_

Signature

\_\_\_\_\_  
Printed Name

**SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
**Signature of Notary Public**

Date Received in Enrollment: \_\_\_\_\_ By: \_\_\_\_\_

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