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Tribal Member Life Insurance Benefit Program - Designation of Beneficiary Form

Tribal Member Section:

Last Name		First Name		Middle Initial
Social Security Number	Tribal Enrollment Number	Date of Birth	Marital Status	Gender
Mailing Address			Email Address	
City	State	Zip Code	Telephone	

Beneficiary for Death Benefits

I request that the following beneficiary (beneficiaries) be substituted under this form as my designated beneficiary (beneficiaries) in lieu of any and all beneficiaries previously names by me for purposes of this Life Insurance Benefit. I also reserve the right to change my designated beneficiary at any time by filing another Designation of Beneficiary form with the Winnebago Tribal Life Insurance Department. The primary Beneficiary (beneficiaries) designated below shall receive a one-time payment of \$5,000 from the Winnebago Tribe of Nebraska. Subsequent to this payment, no other person may benefit from this Life Benefit Program on my behalf. Unless otherwise expressly provided, if my Primary Designated Beneficiary predeceases me, the payment shall be made payable to the Secondary Designated Beneficiary.

Primary Beneficiary Designation:

Last Name	First Name	Relationship to Insured	Date of Birth	Mailing Address	%

Secondary Beneficiary Designation:

Last Name	First Name	Relationship to Insured	Date of Birth	Mailing Address	%

X _____
 Tribal Member Signature OR Parent/Guardian if under 18

**DO NOT APPLY SIGNATURE UNTIL
 IN PRESENCE OF NOTARY PUBLIC**

***** FOR NOTARY PUBLIC USE ONLY *****

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, 20_____

AFFIX SEAL BELOW:

 NOTARY PUBLIC SIGNATURE

 MY COMMISSION EXPIRES