

# BENEFICIARY DESIGNATION FORM



*For Irrevocable Inter Vivos Trusts for the Benefit of the Minors of the Tunica-Biloxi Indian Tribe of Louisiana*

<b>Tribal Named Beneficiary:</b>	<b>Social Security Number:</b>
<b>Tribal Roll Number:</b>	<b>For Office Purposes Only:</b>

1. All prior beneficiary designation(s) made prior to this date are revoked.
2. This document supersedes all classes of beneficiaries outlined in any Master Trust Document.
3. The designated beneficiary or beneficiaries of the Tribal Named Beneficiary's share of the Irrevocable *Inter Vivos Trusts for the Benefit of the Minors of the Tunica-Biloxi Indian Tribe of Louisiana* is:

### Beneficiary Designation

I, \_\_\_\_\_, Tribal Named Beneficiary under the *Irrevocable Inter Vivos Trusts for the Benefit of the Minors of the Tunica-Biloxi Indian Tribe of Louisiana*, name \_\_\_\_\_,  
(Name of Designated Beneficiary & Date of Birth)

\_\_\_\_\_  
(Relationship to Beneficiary)

as my beneficiary should I die during the term of the aforementioned trust. I acknowledge and agree this designation shall be in lieu of the classes of beneficiaries outlined in the Master Trust Document and I hereby discharge the Tunica-Biloxi Indian Tribe of Louisiana from carrying out the terms thereof.

4. A Designated Beneficiary may be changed at any time by the adult Tribal Named Beneficiary during the Tribal Named Beneficiary's lifetime by written request satisfactory to the Tunica-Biloxi Indian Tribe of Louisiana. Such change will be binding only when received by the Tunica-Biloxi Indian Tribe of Louisiana, but when received shall take effect as of the date it was signed by Tribal Named Beneficiary.

This designation is made subject to all other terms and conditions of the *Irrevocable Inter Vivos Trusts for the Benefit of the Minors of the Tunica-Biloxi Indian Tribe of Louisiana*.

**Signature of Tribal Named Beneficiary:** \_\_\_\_\_ **Date:** \_\_\_\_\_