

MEMBER INFORMATION

Beneficiary Form

ACTION REQUIRED



BENEFICIARY INFORMATION - If no beneficiary is listed the Quapaw Nation is not required to pay the end of life or funeral expenses.

- *Please only complete this form if you are an enrolled Quapaw Nation member
- *Please fill out one form for each member
- *It is very important that you provide the beneficiary information requested below

Your Information (please print)				

ROLL #	SS#	Date of Birth	(Phone Number)	
Last	First	MI		
(Address)		(City)	(State)	(Zip)
Primary Beneficiary				
Name		Relationship	Social Security Number	Date of Birth
Address				
Phone				
Contingent Beneficiary(ies)				
Name		Relationship	Social Security Number	Date of Birth
Address				
Phone				
Contingent Beneficiary(ies)				
Name		Relationship	Social Security Number	Date of Birth
Address				
Phone				

This Form must be NOTARIZED

(Signature of Tribal member)

(Print Name)

(Date)

Please return to: Quapaw Nation, Attn: Patti Rice, P.O. Box 765, Quapaw, OK 74363