

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)				
()				
<u>ROLL #</u>	SS#	Date of Birth	(Phone Number)	
Last		First		MI
(Address)		(City)	(State)	(Zip)
Primary Beneficiary		Relationship	Social Security Number	Date of Birth
Name				% (total must equal 100%)
Address				
Phone				
Contingent Beneficiary(ies)		Relationship	Social Security Number	Date of Birth
Name				% (total must equal 100%)
Address				
Phone				
Contingent Beneficiary(ies)		Relationship	Social Security Number	Date of Birth
Name				% (total must equal 100%)
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