



# The Tulalip Tribes Per Capita Minors Trust

## Designation of Beneficiary

### Step 1: Enter Your Information and Authorization

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status: (check one)  Married /  Single /  Separated

Is there a Domestic Relations Order Pending? (check one:)  Yes /  No

### Step 2: Enter Your Acknowledgements/Authorizations

By my signature below:

- I understand that I have the right to change or revoke the primary beneficiary designation with the approval of my spouse (if married) subject to receipt by the Enrollment Manager of my written designation prior to my death.
- I understand that I may change or revoke my contingent beneficiary designation at any time subject to receipt by the Enrollment Manager.
- I understand that if I am married, I must designate my spouse as my only primary beneficiary unless my spouse consents in writing in Step 4. If I am single and marry at a later date, I understand that my spouse will automatically become my only primary beneficiary. I understand that if I do not want my spouse to be my only primary beneficiary, I and my spouse may designate a different primary beneficiary.
- I hereby authorize the Enrollment Manager to provide for payment of any Death Benefits as directed by the Plan if my primary and contingent beneficiaries fail to survive me.
- I understand that my Beneficiary Designation shall become effective without further notice upon receipt by the Enrollment Manager and is made subject to all of the terms and conditions of the Plan.
- I hereby revoke any prior designation and do hereby direct that, upon my death, any benefit payable with respect to my account under the Plan shall be paid to the **primary beneficiary** named in Step 3. If I should die and no primary beneficiary is alive to receive any benefit payable from the Plan, I hereby direct that such benefit shall be paid to the **contingent beneficiary** named in Step 3.
- I understand that it is my responsibility to complete this form and that I cannot rely on my will, prenuptial agreement, separation agreement, property settlement agreement or court order to specify who will inherit my account, because the Plan does not use any of these documents to distribute death benefits.
- I understand that it is important to review how I have designated my Beneficiary Designation periodically – particularly when my life situation changes (e.g., by marriage, divorce, the birth or adoption of a child, or the death of a beneficiary).
- I understand that if I do not designate a beneficiary before the date of my death, my entire account will be distributed according to the terms of the Plan.
- I understand that if my children are my beneficiaries, they are minors and enrolled with Tulalip Tribes: (1) the Plan generally will transfer money directly to the minor’s trust account.
- I understand that if my children are my beneficiaries, and they are minors and not enrolled with Tulalip Tribes: (1) the Plan generally will not transfer money directly to a minor and a court will have to appoint a trustee or guardian to receive the money; and (2) I should consider choosing a trustee (person or institution) now, and naming my children’s trust as my beneficiary.
- I understand that I should consult with a tax advisor before naming a trust as a beneficiary, to be sure that the selection is appropriate and within the IRS Guidelines.
- I understand that all death benefit payments will be disbursed proportionally from all accounts in the plan and that any outstanding plan loans (if applicable) at the time of my death will become taxable income to my estate and not to my beneficiary.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_



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### Step 3: Designate Your Beneficiary(ies)

By my signature below, I hereby designate the following beneficiary(ies) for my Plan benefits:

#### a: Primary Beneficiary(ies)

Name(s) and Contact Information	Relationship	Birth Date	Social Security Number	Share (Must total 100%)

#### b: Contingent Beneficiary(ies)

Name(s) and Contact Information	Relationship	Birth Date	Social Security Number	Share (Must total 100%)

(Attach additional sheets of paper if more space is required. Each category must total 100%)

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Step 4: Spousal Consent (\*\*Only required if married/separated, and spouse is not sole primary beneficiary\*\*)

I hereby acknowledge that my spouse has designated a Primary Beneficiary in place of me. I understand that by consenting to this designation, I am foregoing both present and future rights to these benefits if my spouse dies. I further understand my consent is irrevocable unless my spouse revokes the Primary Beneficiary designation on this form. By my signature below, I approve the designation made.

#### NOTARIZATION OF SPOUSE'S SIGNATURE:

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned Notary Public, personally appeared known to me to be the person whose signature is subscribed as the spouse to the foregoing Beneficiary Designation document, who acknowledged that he/she executed the same for the purposes herein contained.

WITNESS my hand and official seal.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

### Please return completed forms to Rosie Topaum, Enrollment Manager for Approval

\_\_\_\_\_  
Enrollment Manager Approval Signature

\_\_\_\_\_  
Enrollment Manager Approval Date

Note: Be certain to fill out and return both pages, as the entire form must be completed.