



PER CAPITA BENEFICIARY DESIGNATION

Call (760) 858-4219 or email enrollment@cit-nsn.gov for questions

INSTRUCTIONS

This form is to designate or amend your designated beneficiary to receive any **pending** Per Capita funds in the event of your death. There can only be one designated beneficiary. The contingent beneficiary will be used in the event that the primary beneficiary deceases before you. The beneficiary must be a family member over 18 years old.

- It is the duty of the beneficiary to contact the Secretary-Treasurer within 30 days of your death to receive any pending funds.
- If no beneficiary has been designated or if the designated beneficiary does not contact the Secretary-Treasurer within 30 days of your death, then the Secretary-Treasurer will decide the best course of action for disbursement of pending per capita funds.
- If the deceased is a minor, then any pending funds will be given to the parent of record.
- Once the check has been issued, the Tribe no longer holds any responsibility for the funds or their use.
- Pending funds are usually of a small amount and can be helpful for funeral expenses.

CITIZEN INFORMATION

Citizen's Name (First)		(MI)	(Last)	
Chemehuevi Enrollment Number	Social Security Number		Date of Birth	
Address	City		State	Zip Code
Phone Number				

PRIMARY BENEFICIARY INFORMATION

Name of Primary Beneficiary	Social Security Number	Date of Birth	Relationship
Way to contact (mailing address or phone number or email)			

CONTINGENT BENEFICIARY INFORMATION

Name of Contingent Beneficiary	Social Security Number	Date of Birth	Relationship
Way to contact (mailing address or phone number or email)			

CITIZEN SIGNATURE

Any change, addition, or deletion applied to this form will be considered void unless approved by the Secretary-Treasurer of the Chemehuevi Indian Tribe. Beneficiary designations become effective upon receipt of this form by the Chemehuevi Enrollment Department. This designation will remain in affect until the Chemehuevi Enrollment Department is notified otherwise in writing.

Please also inform your beneficiary of their duty to contact the Secretary-Treasurer after your death.

SIGN
HERE

Signature of Citizen

Date

NOTARY

A Notary Public verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SIGN
HERE

Notary Signature _____

(Seal)

MAIL

Please return to:

Chemehuevi Enrollment Department, P.O. Box 1976, Havasu Lake, CA 92363

INDEMNIFICATION PROVISION

The person executing this designation of beneficiary ("Designator") shall assume the defense of, and indemnify and save harmless, the Chemehuevi Indian Tribe and each and every employee, agent, officer, assigns and successors in interest thereof ("Tribe") from all damages, claims, or loss of every name and description to which the Tribe may be subjected or put to because of or arising from Designator executing this form ("Agreement") designating a beneficiary to receive Designator's per capita payments of gaming revenues from the Tribe.

In providing this indemnification to the Tribe, Designator agrees to pay all costs of any legal expense, including, but not limited to, expert witness fees, other litigation expenses, and all attorneys' fees incurred in defending or deemed by the Tribe to be necessary to defend any claim, whether actually filed in any court or not.

This Agreement was freely and voluntarily executed by Designator. Designator in executing this Indemnification does not rely on any inducements, promises, or representations made by the Tribe, their representatives, officers, agents, or employees, except those provided for in this Agreement.