## MIAMI TRIBE OF OKLAHOMA

## DEATH BENEFIT DISBURSEMENT DESIGNATION FORM

Pursuant to the Miami Tribe of Oklahoma (MTOK) Death B	
of the Miami Tribe of Oklahoma, Roll Number	, an enrolled member
benefit be paid to the following individuals listed in priority	
I understand if the person listed is not alive at the time of my benefit funds, for my funeral expenses, the payment shall be and so on.	
Pursuant to the MTOK Death Benefit Disbursement Popriority interest to one (1) individual. I understand to issue certified death certificate and said death certificate must be summanger within 12 months of the date of death listed on the death	ue payment, the Tribe will require a ubmitted to the MTOK Member Services
Please pay my death benefit as follows:	
1.	
2.	
3.	
4.	
5.	
Signature of Tribal Member	Date
NOTARY	
State of) SS: County of)	
	stary nublic
On this the day of, 20, before me, a no did personally appear, and is the document, and acknowledged that he/she executed the same for the	person whose name is subscribed to this
	le purposes merem contamed.
I witness hereof and set my hand and official seal:	
Notary Public	
My Commission expires:	