

Kaibab Band of Paiute Indians  
**MINOR'S TRUST**  
**DESIGNATION OF BENEFICIARY**

Pursuant to the Tribal Revenue Allocation Plan and the Kaibab Paiute Master Minor's Trust Agreement, if a Beneficiary who has attained the age of eighteen (18) years dies prior to the complete distribution of his or her Minor's Trust, the Trust shall be distributed to his or her designated beneficiary(ies), or if no designated beneficiary(ies), to his or her intestate heirs.

Please designate your Minor's Trust beneficiaries by printing the requested information below. If you wish to name additional beneficiaries, please list the requested information on a separate sheet and attach it to this form.

**NOTE: You must be eighteen (18) years of age or older to designate beneficiaries of your Minor's Trust.**

**A. Primary Beneficiary(ies)**

Your Primary Beneficiary(ies) will share equally in your Minor's Trust, unless you specify different percentages (totaling 100%) below. If a Primary Beneficiary predeceases you, his or her share of your Minor's Trust shall be divided proportionately among the surviving Primary Beneficiary(ies).

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

**B. Contingent Beneficiary(ies)**

If there are no surviving Primary Beneficiary(ies) at the time of your death, your Contingent Beneficiaries will share equally in your Minor's Trust, unless you specify different percentages (totaling 100%) below. If there are no surviving Contingent Beneficiaries at the time of your death, your Minor's Trust will be distributed to your intestate heirs.

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

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

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_ %

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

) ss.

County of \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

NOTE: You may change or revoke this Designation of Beneficiary at any time without the consent of, or notice to, any beneficiary. The Trustee will act upon the most recent Designation of Beneficiary form which has been properly executed and accepted by the Trustee prior to your death.

Accepted by:

\_\_\_\_\_  
Kaibab Paiute Trust Department

Date: \_\_\_\_\_