



STOCKBRIDGE~MUNSEE COMMUNITY

LAND MANAGEMENT DEPARTMENT

P.O. Box 70 • N8502 Moh He Con Nuck Road • Bowler, WI 54416

Phone: (715) 793-4855 or (715) 793-4869 • Fax: 715-793-5097

CHANGE OF BENEFICIARY

MEMBER INFORMATION

Enrollment No: _____ DOB: _____

Full Name:

Last First Middle Suffix/Maiden

Address:

P.O. Box or Street Apt.

City State Zip

Primary Phone: (____) _____ Email: _____

BENEFICIARY INFORMATION

In the event of my death, I designate the following individual as my beneficiary:

Name of Individual: _____

Relationship to beneficiary: _____

Contact information of beneficiary

Phone: ____ - ____ - ____ E-mail: _____

MEMBER SIGNATURE & NOTARIZATION

I, the undersigned, hereby update my tribal land assignment beneficiary as specified above with the Stockbridge-Munsee Community ("Tribe").

Member Signature

Date

(SEAL)

CERTIFICATE OF NOTARY PUBLIC

The above-named person(s) came before me this _____ day of _____, _____.

NOTARY SIGNATURE

My commission expires: _____

* Does not need to be notarized if signed in front of a member of land management staff.