

# Timber Dollars Only

## BENEFICIARY FOR MEMBERSHIP BENEFIT PROGRAM

Tribal Member Full Name: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Allocation Percentage	Full Name of Beneficiary	Address	Phone Number	Date of Birth	Relationship	Tribal Member	SSN#
1.							
2.							
3.							
4.							
5.							

**\*Beneficiary -person(s) to receive balance of Members fund in the event of death**

**\*Allocation Percentage - Division of funds among listed beneficiary(s); total should equal 100%**

**PRINT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Tribal Member's Name or Legal Guardian (if under 21 years of age)

**SIGNATURE (REQUIRED):**

Tribal Member's Name or Legal Guardian (if under 21 years of age)

Send Application to: Member Benefit Program  
9615 Grand Ronde Rd  
Grand Ronde, OR 97347

Questions 1-800-422-0232 ~~ext. 2082~~