Natives Of Kodiak

Death Benefits Trustees:

I request that any death benefits payable as a result of my death, pursuant to the Natives of Kodiak, Inc. Death Benefits Settlement Trust, be paid to the following person:

Name: _____

Relationship: _____

Mailing Address: _____

_____

Telephone #:_____

If this person dies before me, I request that the Death Benefits be paid to the following person:

Name: _____

Relationship: _____

Mailing Address: _____

_____

Telephone #:_____

If you have any questions, I can be contacted at phone #:_____ or email: _____

_____
Signature

_____
Date

_____
Printed Name

Notarization Certificate

THE STATE OF _____)
) ss.
_____ JUDICIAL/COUNTY)

Subscribed, sworn and affirmed before me at _____ this _____ day of _____, 20 ____.

_____
(Notary Signature)

Notary Public in and for the State of _____

My commission expires: _____