



Natives Of Kodiak

Dear 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: _____

Sincerely,

Signature

Date

Printed name