

**MILLE LACS BAND OF OJIBWE
BURIAL INSURANCE DESIGNATION FORM**

Name: _____

Enrollment Number: _____

Social Security Number: _____

I hereby swear and attest that I am currently an enrolled Band member with the Mille Lacs Band of Ojibwe whose membership number is given above. I have read the Mille Lacs Band of Ojibwe Burial Insurance Policy before signing this Designation Form and understand all the conditions contained therein.

I understand that it my responsibility to sign and return this completed form to the Office of Management and Budget (OMB) to be kept in a confidential file. In the event of my death where no Burial Insurance Designation Form is on file, I understand that payment for my burial will be made according to the conditions of the burial policy.

I also understand that it is my responsibility to sign and return this completed form to the Office of Management and Budget (OMB) in order for any remaining burial policy funds to be paid to any designated individual or family member as per the conditions of the burial policy.

I further understand that I have the right to change the designated individual at any time by filling out a new form and returning such signed form to OMB. I also agree to make any necessary changes to this form showing any change of address of the designated individual.

I, my heirs, assigns or estate agree to hold harmless the Mille Lacs Band of Ojibwe, its officials or any of its employees from any claims arising from the Band's administration of this burial insurance program.

I, _____, hereby designate _____
whose relationship to me is _____ and whose address is _____
_____ to arrange for my burial and to
receive payment of the burial insurance stipend and any remaining burial insurance funds
after my burial expenses have been paid.

If the above-named individual is unable to perform the duties connected to my
burial, I then designate _____ as my designated individual whose
relationship to me is _____ and whose address is _____
_____ to make arrangements for my burial and receive
payment of the burial insurance stipend and any remaining burial insurance funds after
my burial expenses have been paid.

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I further designate that any burial expenses connected to grave-digging, casket expense or miscellaneous expenses owed to the funeral home shall be paid directly to the vendor before any remaining burial insurance funds are paid to the designated individual named above.

Signed and sworn to before me on this the _____ day of _____, 2____.

Notary Public, State of _____
My commission expires: _____

Notary Public