



Natives Of Kodiak

## DEATH BENEFITS DESIGNATION FORM

Dear Death Benefits Trustees:

I, \_\_\_\_\_, an **original** shareholder of Natives of Kodiak, Inc., whose date of birth is: \_\_\_\_\_, hereby request that any death benefits payable as a result of my death, pursuant to the NOK Death Benefits Settlement Trust, be paid to the following person:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY/ST/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY/ST/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

If you have any questions, I may be contacted at: \_\_\_\_\_  
(Phone)

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Shareholder ID #

Natives of Kodiak, Inc.  
215 Mission Road, Suite 212, Kodiak, Alaska 99615  
Phone: (907) 486-3606 | Toll-Free: (800) 648-8462 | Fax: (907) 486-2745  
Email: [shareholders@nativesofkodiak.com](mailto:shareholders@nativesofkodiak.com)