

**BENEFIT SUCCESSOR DESIGNATION**

**PARTICIPANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

I, \_\_\_\_\_, a Participant in the Mashantucket Pequot Tribal Elder’s Financial Benefit Program, the Mashantucket Pequot Disability Program, or the Tribal Family Support Program, hereby designate that any remaining benefits accrued for the calendar year upon my death shall be paid in the following order of precedence as detailed below.

1. \_\_\_\_\_  
Name of Primary Successor (Please Print) Relationship to Participant

\_\_\_\_\_  
Address of Primary Successor

\_\_\_\_\_  
Address of Primary Successor

If the above-named Primary Successor should predecease me or is otherwise unable to accept the remaining benefits then, I hereby designate that any remaining benefits for the calendar year upon my death shall be paid to the following:

2. \_\_\_\_\_  
Name of Contingent Successor (Please Print) Relationship to Participant

\_\_\_\_\_  
Address of Contingent Successor

\_\_\_\_\_  
Address of Contingent Successor

I understand that I may change my Successor at any time as provided herein, and that this Benefit Successor Designation shall remain in effect until such time.

The undersigned Participant hereby states that all previous Benefit Successor Designations with respect to any benefits I may receive under the programs listed above are hereby revoked. I understand that this Successor Designation shall be effective upon filing with the Mashantucket Pequot Benefit Administrator in Tribal Finance.

I also understand that I may revoke this Successor Designation and designate a new Successor at any time by filing a new Benefit Successor Designation with the Mashantucket Pequot Benefit Administrator in Tribal Finance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date:

Witness<sup>1</sup>:

\_\_\_\_\_  
Signature of Witness (1)

Print Name of Witness: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness (2):

Print Name of Witness: \_\_\_\_\_

Received by:

\_\_\_\_\_  
By:

Program Administrator

Original to:

Copies to:

\_\_\_\_\_  
<sup>1</sup> A named successor is not eligible to witness.