

**AKHIOK-KAGUYAK, INC.
NEW YORK LIFE BURIAL INSURANCE
RECEIPT DESIGNATION FORM**

I, _____, hereby designate _____ as my primary designation recipient for the Akhiok-Kaguyak, Inc. \$10,000 Burial Insurance (designation recipient must be 18 years of age), or \$5,000 (if I did not file for New York Life) and _____ as my secondary recipient, if my primary is unavailable or declines the responsibilities.

Primary Designation Recipient: _____
(Please print full name)

(Recipient's mailing address)

(City) (State) (Zip)

(Recipient's telephone number)

(OPTIONAL)

Secondary Designation Recipient: _____

(Please print full name)

(Recipient's mailing address)

(City) (State) (Zip)

(Recipient's telephone number)

_____/_____
Signature of Insured Parent or Guardian of Insured Minor

NYL Policy # Date of Birth Date

Return completed form to: Akhiok-Kaguyak, Inc.
1400 W. Benson Blvd. Ste 425
Anchorage, Alaska 99503