



## Shareholder Bereavement Assistance Application

*Adopted 12/07/2012 – Effective 12/07/2012 – Updated 03/19/2014*

### Deceased Information:

Name of Deceased (first, middle, last):		
Date of Birth (mm/dd/yyyy):	Date of Death (mm/dd/yyyy):	Social Security #:
Deceased Is <i>(Please Note- the deceased, if not a shareholder, must be a lineal descendant, spouse or parent of an <u>ACTIVE LIVING</u> Shareholder)</i> : <input type="checkbox"/> An SNC Shareholder <input type="checkbox"/> Lineal Descendant (child) of an SNC Shareholder <input type="checkbox"/> Legal Spouse of an SNC Shareholder <input type="checkbox"/> Parent of an SNC Shareholder <i>Legal documents (birth certificate, adoption decree, marriage certificate, death certificate, etc.) are required with this form for proof of eligibility.</i>		
Please include at least one of the following documents that confirms the death of the above listed person. The document must be from a legal business or agency and must include the deceased's name, date of birth, date of death and social security number. <input type="checkbox"/> Death Certificate <input type="checkbox"/> Letter from funeral home <input type="checkbox"/> Obituary (published) <input type="checkbox"/> Letter from Hospital <input type="checkbox"/> Other (explain) [SNC will contact applicant if not accepted as a confirmation of death]: _____		

### Applicant Information:

Name of Applicant (first, middle, last):		
Relationship to Deceased:	Social Security #:	
Address:		
City, State, Zip:	Main Phone #:	Other Phone #:
Email Address:	Other Email Address:	
Signature:		Date:

### Accounting Information (the check does not need to be made out to the applicant):

Make Check Payable To (first, middle, last or name of business)[the check will be written on behalf of the person who fills out the W-9, if made out to a business]:		
Relationship to Deceased (must be a spouse,parent,child,sibling,or other approved family):	Social Security # (of who filled out the w-9):	
Address:		
City, State, Zip:	Main Phone #:	Other Phone #:
Email Address:	Other Email Address:	

### For Office Use Only:

<input type="checkbox"/> Approved - \$1,000	<input type="checkbox"/> Denied (please explain under "Notes")
Approving Signature:	Date:

### Supporting Documents :

W-9: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	Proper document(s) showing relationship to the deceased received: <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Notes (from the applicant or from SNC):

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***Note: Applicant is required to complete this form within 90 days of the deceased's date of death.***

Return completed form to: Sitnasuak Native Corporation – Attn: Shareholder Department P.O. Box 905 Nome, AK 99762. Forms can also be dropped off to the main SNC office at 400 Bering Street in Nome. 1-877-443-2632 (toll free); 907-387-1226 (Shareholder Department); 907-387-1200 (main phone #). Thank You.