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/yyy):	Date of Death (mm/dd/yyy):	Social Security #:

Deceased Is *(Please Note- the deceased, if not a shareholder, must be a lineal descendant, spouse or parent of an ACTIVE LIVING Shareholder)*:

□ An SNC Shareholder □ Lineal Descendant (child) of an SNC Shareholder □ Legal Spouse of an SNC Shareholder □ Parent of an SNC Shareholder

Legal documents (birth certificate, adoption decree, marriage certificate, death certificate, etc.) are required with this form for proof of eligibility.

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.

☐ Death Certificate ☐ Letter from funeral home ☐ Obituary (published)

☐ Letter from Hospital ☐ 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:		
□ Approved - $1,000	□ Denied (please explain under "Notes")	
Approving Signature:		Date:

Supporting Documents :	
W-9: □ Complete □ Incomplete	Proper document(s) showing relationship to the deceased received: □ Yes □ No

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.