



SNC Trust Beneficiary Bereavement Assistance Application

Trust Bereavement Policy Effective 02/12/2019 – Application Updated 05/08/2019

Application must be completed within six (6) months of deceased date of death. For more information please refer to the SNC Trust Bereavement Benefit Policy.

Deceased Information:		
Name of Deceased (full legal name):		
Date of Birth:	Date of Death:	Social Security #:
Deceased Is: <input type="checkbox"/> An SNC Trust Beneficiary (an SNC Shareholder) [Please note: the deceased must be an SNC Trust Beneficiary to qualify] <i>Legal documents (birth certificate, adoption decree, marriage certificate, death certificate, etc.) may be needed with this form for proof of eligibility.</i>		
Please include at least one of the following documents that confirms the death of the deceased. The document must be from a legal business or agency and must include the deceased’s name, date of birth, date of death and/or social security number.		
<input type="checkbox"/> Death Certificate <input type="checkbox"/> Letter from Funeral Home <input type="checkbox"/> Letter from Hospital/Village Health Clinic <input type="checkbox"/> Obituary (published)		
<input type="checkbox"/> Other (explain) [SNC will contact the applicant if not accepted as a confirmation of death]: _____		

Applicant Information:		
Name of Applicant (full legal name):		
Relationship to Deceased:	Social Security #:	
Mailing Address:		
City, State, Zip:	Main Phone #:	Other Phone #:
Email Address:	Other Email Address:	
Applicant Signature:		Date:

Payment Information (the check does not need to be made out to the applicant):	
<input type="checkbox"/> PLEASE MAKE CHECK PAYABLE TO APPLICANT (same information as above)	<i>If the check will not be made to the applicant, please complete the below information</i>
Make Check Payable To (full legal name or name of business):	
Relationship to Deceased (if a person):	Social Security # (not needed for a business):
Mailing Address:	
City, State, Zip:	Main Phone #:
Email Address:	Other Phone #:
Email Address:	Other Email Address:

For Office Use Only:	
<input type="checkbox"/> Approved - \$1,500	<input type="checkbox"/> Denied (please explain under “Notes”)
SNC Signature:	Date:

Notes (from the applicant or from SNC):
_____ _____ _____

Return completed form to: Sitnasuak Native Corporation 214 Front St, 2nd Floor in Nome or 4341 B St, Suite 402 in Anchorage. You may also email or fax in the application to shareholder@snc.org, 907-443-6437 (Nome Fax) or 907-375-2910 (Anchorage Fax). If you have any questions please contact the SNC Shareholder Department at 1-877-443-2643 (toll-free), 907-387-1226 (Nome) or 907-929-7021 (Anchorage). Main office numbers 907-387-1222 (Nome) 907-929-7027 (Anchorage).