



Bereavement Assistance Application

Trust Bereavement Policy Effective 02/12/2019 – Application Updated 05/18/2020

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

Name of Deceased (full legal name):

Date of Birth:	Date of Death:	Social Security #:
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The Deceased is (please check one of the following):

<input type="checkbox"/> An SNC Trust Beneficiary (an SNC Shareholder)	<input type="checkbox"/> A lineal descendant of a Trust Beneficiary
<input type="checkbox"/> A spouse of a Trust Beneficiary	<input type="checkbox"/> A parent of a Trust Beneficiary (natural or by legal adoption)
If the deceased is <u>not</u> an SNC Shareholder, name of relative SNC Shareholder:	Date of Birth: Relationship of SNC Shareholder to the Deceased (check one): <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Other:

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

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 (showing the logo/letterhead) and must include the deceased's name, date of birth, date of death and/or social security number.

- Death Certificate Letter from Funeral Home Letter from Hospital/Village Health Clinic Obituary (published)
- Other (explain) [SNC Trust 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:	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"/> MAKE CHECK PAYABLE TO APPLICANT (same as above)	<i>If the check will not be made to the applicant, please complete the below information:</i>	
<input type="checkbox"/> OR 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 #:	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 SNC):

Return completed form to: SNC Trust | Attention: Sitnasuak Native Corporation Shareholder Department

PO Box 905 (214 Front St, 2nd Floor), Nome AK 99762 or 4341 B St, Suite 402 in Anchorage, AK 99503

Or email to shareholder@snc.org or fax to 907-443-6437 (Nome Fax) or 907-375-2910 (Anchorage Fax).

If you have any questions or need assistance, please contact the Sitnasuak Shareholder Department at 1-877-443-2643 (Toll-Free),

907-387-1226 (Nome) or 907-387-1200 (Main) | 907-929-7021 (Anchorage) or 907-929-7000 (Main).