



## SNC Trust Bereavement Assistance Application

Trust Bereavement Policy Effective 02/12/2019 – Application Updated 07/24/2019

Application must be completed within six (6) months of the 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 #:
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)	
<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 (showing the logo/letterhead) 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:	
<b>Applicant Signature:</b>		<b>Date:</b>

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 #:	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: Sitnasuk Native Corporation 214 Front St, 2<sup>nd</sup> Floor in Nome or 4341 B St, Suite 402 in Anchorage. You may also email or fax in the application to [shareholder@snc.org](mailto: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).