



SNC Trust Bereavement Assistance Application

Trust Bereavement Policy Effective 02/12/2019 – Application Updated 07/22/2021

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

Decedent Information:		
Decedent's Name (full legal name):		
Date of Birth:	Date of Death:	Social Security #:
The Decedent is (please check one of the following):		
<input type="checkbox"/> An SNC Trust Beneficiary (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 adopted)	
<i>If the decedent is not an SNC Trust Beneficiary, please provide the name and relationship of the person who is the SNC Trust Beneficiary related to the decedent:</i>		
Name of SNC Trust Beneficiary:	Date of Birth:	Relationship to the Deceased: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____
<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 decedent. The document must be from a legal business or agency (showing the logo/letterhead) and must include the decedent'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"/> 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:		
Applicant's Name (full legal name):		
Relationship to Decedent:	Social Security #:	
Mailing Address:		
City, State, Zip:	Main Phone #:	Alternate Phone #:
Email Address:	Alternate Email Address:	
Applicant's Signature:		Date:

Payment Information (the check does not need to be made out to the applicant):			
<input type="checkbox"/> VIA DIRECT DEPOSIT *Please fill Direct Deposit information on page 2*	<input type="checkbox"/> VIA CHECK <input type="checkbox"/> PAYABLE TO APPLICANT (same information as above)	<input type="checkbox"/> PAYABLE TO PARTY LISTED BELOW (please complete info)	<input type="checkbox"/> I am an SNC Shareholder and I have Direct Deposit set up, please deposit the funds into my account currently on file: Bank Name: _____
Make Check Payable To (full legal name or name of business):			
Relationship to Decedent (if a person):		Social Security # (not needed for a business):	
Mailing Address:			
City, State, Zip:	Main Phone #:	Alternate Phone #:	
Email Address:	Alternate Email Address:		

For Office Use Only:	
<input type="checkbox"/> Approved - \$1,500	<input type="checkbox"/> Denied [reason]:

Please return this application and supporting document(s) to:	
shareholder@snc.org [Preferred]	
PO BOX 905 NOME, AK 99762 907-387-1200 [Main] 907-987-1226 [Shareholder Dept] 907-443-6437 [Fax]	2700 GAMBELL ST, STE ANCHORAGE, AK 907-929-7000 [Main] 907-929-7021 [Shareholder Dept] 907-375-2910 [Fax]
1-877-443-2632 [Toll-free]	



BEREAVEMENT ASSISTANCE - DIRECT DEPOSIT

Thank you for signing up for direct deposit which helps reduce paper! Once the deposit is made, you will receive an email remittance (receipt) of the deposit.

The bank account for direct deposit must be in the name of the person who is listed to receive the payment. If the name(s) on the bank account do not match the name of the person listed to receive the payment, a paper check will be issued.

If you are an SNC Shareholder, your Shareholder Profile will be updated to receive future distributions via direct deposit with the bank information provided.

Please Fill out the Following Information to Receive the Bereavement Payment via Direct Deposit

Name of Person to Receive the Bereavement Payment: _____

Please Note: the person receiving the payment must be the account holder, funds cannot be deposited into an account that does not belong to the recipient.

SSN: _____ | Phone #(s): _____

Date of Birth: _____ | Email Address: _____

Mailing Address: _____

Name of Bank: _____ | Account Type: Checking Savings

Full Account # (note, this is different than your member number): _____ Routing #: _____

NOTE: it is required that you include one of the following bank account information documents, if you do not include a bank document, you will be issued a paper check

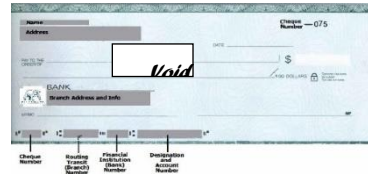
Option 1: A voided check (see below for example)

Option 2: Official direct deposit bank authorization form (see below for example)

I have read and understand the terms of receiving a direct deposit, I also understand that if I am an SNC Shareholder, my bank information will be updated in my Shareholder Profile and I will receive future distributions via direct deposit.

Signature: _____ | Date: _____

Examples of bank information forms/voided check to include with this form to complete your direct deposit set up:



Please return this form, Bereavement Assistance application and bank information document/voided check to:

shareholder@snc.org [Preferred]

PO BOX 905
NOME, AK 99762
907-387-1200 [Main] 907-987-1226 [Shareholder Dept]
907-443-6437 [Fax]

2700 GAMBELL ST, STE
ANCHORAGE, AK
907-929-7000 [Main] 907-929-7021 [Shareholder Dept]
907-375-2910 [Fax]

1-877-443-2632 [Toll-free]

Updated 07/22/2021