



SNC Trust Bereavement Assistance Application

Trust Bereavement Policy Effective 02/12/2019 – Application Updated 2/12/26

This application must be completed within six (6) months of the Decedent's date of passing. For more information, please refer to the SNC Trust Bereavement Benefit Policy.

STEP 1 Decedent's Information (person who has passed):		
Decedent's Name (full legal name, including Jr/Sr, etc.):		
Date of Birth:	Date of Death:	Social Security #:

STEP 2 The Decedent 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 → Please fill out the below Trust Beneficiary information to verify assistance eligibility	
<input type="checkbox"/> A Spouse of a Trust Beneficiary → Please fill out the below Trust Beneficiary information to verify assistance eligibility	<input type="checkbox"/> A Parent of a Trust Beneficiary → Please fill out the below Trust Beneficiary information to verify assistance eligibility	
<i>If the Decedent is not an SNC Trust Beneficiary, please provide the name and relationship of the person who is an SNC Trust Beneficiary related to the Decedent</i>		
Name of Trust Beneficiary (Related to the Decedent):	Date of Birth:	The Trust Beneficiary is the Decedent's: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (specify):
<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 and date of death (SSN is optional to be listed).		
<input type="checkbox"/> Death Certificate <input type="checkbox"/> Letter from Funeral Home/Crematory <input type="checkbox"/> Letter from Hospital/Village Clinic/Medical Facility <input type="checkbox"/> Obituary (published)		

STEP 3 Applicant Information:		
Name of Applicant (full legal name, including Jr/Sr, etc.):		
The Decedent is My (relationship):	Applicant's Social Security # (needed if receiving the funds):	
Mailing Address:		
City, State, Zip:	Main Phone #:	Other Phone #:
Email Address:	Other Email Address:	
Applicant's Signature:		Date:

STEP 4 Payment Information (the check/deposit does not need to be made to the applicant):		
<small>Note: the monetary recipient must be the person/business taking care of the Decedent's funeral/burial/cremation arrangements. If multiple applications are received, the SNC Trust Bereavement application admins and supervisors will review all applications and notify the applicants of how the funds will be distributed, at their discretion.</small>		
<input type="checkbox"/> DIRECT DEPOSIT → to: <input type="checkbox"/> Applicant <input type="checkbox"/> Below Named Recipient <small>*If SNC does not have the monetary recipient's DD information on file please provide a voided check/account information with this application [bank name, acct #, routing # and checking or savings]*</small>	<input type="checkbox"/> PAPER CHECK → to: <input type="checkbox"/> Applicant <input type="checkbox"/> Below Named Recipient/Business <small>*The check will be priority mailed and a copy will be emailed to the applicant and recipient/business*</small>	<small>*If the check/deposit will not be made to the applicant, please complete fill out the section below*</small>
Make Check Payable/Direct Deposit To (full legal name of monetary recipient or name of business):		
<i>Leave blank if the monetary recipient is a business</i>		Social Security # (if recipient is a person, not needed for a business):
The Decedent is the _____ of the monetary recipient.		
Mailing Address:		
City, State, Zip:	Main Phone #:	Other Phone #:
Main Email Address:	Secondary Email Address:	

For Office Use Only:		
<input type="checkbox"/> Approved - \$2,000	<input type="checkbox"/> Denied → Reason:	
SNC Signature:	Date:	

Please return this form and supporting documents to shareholder@snc.org (email is preferred) or drop off to our offices in person at:	
214 FRONT ST, 2 ND FLOOR (mailing address is: PO BOX 905) NOME, AK 99762 907-387-1200 [Main] 907-387-1226 or 907-387-1269 [Shareholder Dept] 907-443-6437 [Fax]	2700 GAMBELL ST, STE 300 ANCHORAGE, AK 99503 907-929-7000 [Main] 907-929-7021 [Shareholder Dept] 907-375-2910 [Fax]
1-877-443-2632 [Toll-free]	