BERING STRAITS Native Corporation

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Shareholder Bereavement Assistance Application

BSNC Beringia Settlement Trust provides Shareholder Bereavement Assistance in the amount of $2,500 to help defray the cost of funeral expenses for an original BSNC shareholder, a lineal descendent of an original BSNC shareholder, or the spouse of a **living** original BSNC shareholder. The deadline for filing for bereavement assistance is within three months date of death.

Name of deceased		Applicant name (must be an immediate family member of deceased)		
Date of birth	Date of death	Relationship to deceased		
Social Security #		Day phone #	Cell phone #	Fax #

Deceased is: ☐ An original BSNC shareholder

☐ Lineal descendent of an original BSNC shareholder: _____

Deceased's relationship to original BSNC shareholder: _____

☐ Legal spouse of a **living** original BSNC shareholder: _____

Proof of eligibility (e.g. birth certificate(s), marriage certificate, etc.) shall be required.

Applicant must include one of the following which includes name and date of death:

☐ Death Certificate ☐ Obituary (not a program used at service) ☐ Letter from Funeral Home ☐ Letter from Hospital

The check may be made payable to the applicant, other immediate family member, funeral home or other business that is providing a service related to the funeral.

Make check payable to: _____

Mailing address: _____

_____

Day phone #: _____ Social Security # of whom the check is paid to: _____

I, the applicant, certify that I am an immediate family member and I understand that the Shareholder Bereavement Assistance fund is provided to help defray funeral related costs.

_____ _____
Applicant's Signature Date

Please submit completed form to the BSNC Nome office, Attn: Kimberly Gooden (kimberly@beringstraits.com or fax 907-443-2985), for processing.

A family member of the deceased is asked to contact the Shareholder Department regarding stock inheritance at (907) 443-5252 or Toll Free 1-800-478-5079 or shareholders@beringstraits.com

For office use only:

☐ Denied _____ ☐ Approved _____ ☐ Check Requested _____
Date Date Date

effective: 3/25/19