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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: <input type="checkbox"/> An original BSNC shareholder				
<input type="checkbox"/> Lineal descendent of an original BSNC shareholder: _____				
Deceased's relationship to original BSNC shareholder: _____				
<input type="checkbox"/> 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:				
<input type="checkbox"/> Death Certificate <input type="checkbox"/> Obituary (not a program used at service) <input type="checkbox"/> Letter from Funeral Home <input type="checkbox"/> 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, Attention to: Shareholder Department via email: shareholders@bsnc.net or fax: 907-443-4755, for processing.

For office use only:

Verified eligibility Denied _____ Approved _____ Check Requested _____
Date Date Date

effective: 3/25/19