Mailing address: P.O. Box 1008 • Nome, Alaska 99762
Physical address: 110 Front Street, Suite 300
(907) 443-5252 • toll free 1-800-478-5079
fax (907) 443-4755
www.beringstraits.com

Shareholder Bereavement Assistance Application

BSNC Beringia Settlement Trust provides Shareholder Bereavement Assistance in the amount of $3000 to help defray the cost of funeral expenses for an original BSNC shareholder, a lineal descendant 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	
Last 4 of Social Security #		Day phone #	Cell phone #

Deceased is: ☐ An original BSNC shareholder

☐ Lineal descendant 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, Attention to: Shareholder Department via email: shareholders@bsnc.net or fax: 907-443-4755 or mail: P.O. Box 1008, Nome AK 99762 for processing.

For office use only:

Received date: _____

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

effective: 12/19/2025