



Burial Assistance Request Form

The KIC Board of Directors authorizes the following policy for the distribution of Burial Assistance. This program may be approved by the President & CEO, or their designee. Any requests that fall outside of this policy will be forwarded to the Board of Directors for consideration at the next scheduled Regular Board Meeting.

Eligibility Criteria

- Burial Assistance is available upon the death of an eligible individual
- The request form must include signatures from two next of kin, including the applicant / payee and one additional family member

Eligible Recipients

- KIC Shareholders, Descendants of KIC Shareholders, and Legal Spouses of KIC Shareholders

Benefit Guidelines

- Assistance may be authorized up to \$500 per request, based on available funding

Deceased Shareholder Information

First & Last Name _____

Social Security Number _____

Date of Birth _____ Date of Death _____

Deceased is (select one):

- KIC Shareholder KIC Shareholder lineal or direct descendant KIC Shareholders Spouse

If Shareholder lineal or direct descendant or spouse, please provide original shareholders information:

First & Last Name _____

Date of Birth _____ Social Security Number _____

Applicant / Payee Information

First & Last Name _____

Relationship to Deceased _____ Phone Number _____

Mailing Address _____

E-mail Address _____

Signature _____ Date _____

Next of Kin (Required Additional Name to Applicant / Payee Information)

First & Last Name _____

Relationship to Deceased _____ Phone Number _____

Signature _____ Date _____

Payment Processing Option (Choose One)

Direct Deposit Mail Check Pick up Location (Select One) Kotzebue Anchorage

Mailing Information (If different from Applicant/ Payee Information on Page 1)

First & Last Name _____

Relationship to Deceased _____ Phone Number _____

Mailing Address _____

E-mail Address _____

Signature _____ Date _____

Direct Deposit Information

Bank Name _____ Account Type _____

Routing Number _____ Full Account Number _____

Payee Name _____ Phone Number _____

E-mail Address _____

Signature _____ Date _____

****KIC INTERNAL USE ONLY****

Approved _____ Denied _____

Amount Approved _____

Date Received Request _____ Date Sent to Accounting _____