



## Funerary Assistance Form

The Funerary Assistance is available to Shareholders to assist with the funeral expenses of an Eklutna, Inc. Shareholder or a descendant of a Shareholder (e.g., children, grandchildren, great grandchildren, etc.). Personal Representatives of an estate (named in a Will or court documents) that are not Shareholders may apply on behalf of a deceased Shareholder.

The Eklutna, Inc. Funerary Assistance is funded through the Jabila Trust and is a one-time \$500 disbursement. Only one benefit is available per eligible decedent. All applications should be submitted to Shareholder Relations for benefit verification and processing. The information provided is confidential and used only for these purposes unless otherwise approved by the applicant.

### Basic Eligibility information/documents needed:

- ❖ Deceased must be an Eklutna, Inc. Shareholder or descendant of a Shareholder (e.g., children, grandchildren, great grandchildren, etc.).
- ❖ Shareholder Relations will verify Shareholder Status through the current database.
- ❖ Shareholder Descendant verification (e.g., children, grandchildren, great grandchildren, etc.) requires birth certificates leading back to Shareholder if not already on File with Shareholder Relations or in the Descendant Enrollment files.
- ❖ Copy of Picture Identification of Non-Shareholder Applicant
- ❖ Death Certificate or other legal proof of death from coroner’s office or funeral home if death certificate is delayed.
- ❖ Jabila Trust Funerary Assistance Form completed by Next of Kin within twelve (12) months of death.

**PART I – DECEDANT INFORMATION:** Please provide the following information regarding the deceased:

Deceased's  
Full Name (First) (Middle) (Last) (Suffix)

Mailing Address:  
Street City State Zip

Date of Birth: MM DD YYYY Date of Death: MM DD YYYY

Social Security Number: Cause of Death:

Funeral Home Name & Location:

Funeral Home Phone:

- Male  Female Deceased’s Marital Status: Single Married Divorced Widowed
- Eklutna, Inc. Shareholder Native Village of Eklutna Tribal Member
- Other Native Village of Origin, if applicable: \_\_\_\_\_

Ethnicity:(If you have multiple, enter a P for Primary, and an S for Secondary)

\_\_\_\_\_Alaska Native      \_\_\_\_\_Asian      \_\_\_\_\_Caucasian      \_\_\_\_\_Hispanic  
\_\_\_\_\_American Indian      \_\_\_\_\_African American      \_\_\_\_\_Hawaiian      Other\_\_\_\_\_

Was the deceased a Veteran? Yes No

Relationship to applicant: \_\_\_\_\_  
(e.g., spouse, child, sibling, Representative of Estate.)

**PART II - APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Check Payable to Applicant       Check Payable to Funeral Home Listed
- Mail Check to Applicant       Mail Check to Funeral Home Listed
- Call Applicant for pick up

Applicant signature \_\_\_\_\_ Date (MM /DD /YYYY) \_\_\_\_\_

**RETURN THE COMPLETED FORM AND REQUIRED DOCUMENTS:**

- ❖ Drop off or Mail to: EKLUTNA, INC. Shareholder Relations  
16515 Centerfield Dr, Ste 201  
Eagle River, AK 99577
- ❖ Scan or take photos and email to: [Shareholderrelations@eklutnainc.com](mailto:Shareholderrelations@eklutnainc.com)

**QUESTIONS?** Call EKLUTNA, INC. Shareholder Relations: 866.355.8862 or 907.696.2828

*For Office Use Only:*

Received by Shareholder Relations: \_\_\_\_\_ Date: \_\_\_\_\_

Shareholder Family Member Verification: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Declined by: \_\_\_\_\_ Date: \_\_\_\_\_

If Declined, Reason: \_\_\_\_\_

Sent to Accounting for Processing: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Mailed/ Picked up: \_\_\_\_\_ Date: \_\_\_\_\_