



HUNATOTEM CORPORATION

9301 Glacier Highway, Suite 200 • Juneau, Alaska 99801
Office (907) 789-8500 Fax (907) 789-1896

Burial Assistance Request Form

Huna Totem Corporation will make a payment of \$500.00 toward funeral and associated burial expenses upon the death of a shareholder. The payment is subject to the following:

1. This form must be signed by a relative or family representative. Please list your name and relationship to the deceased:

Your Name

Your Relationship to the Deceased

2. **The claim for a funeral benefit must be made within six weeks after the date of death.** List the name of deceased and date of death:

Deceased's Name

Date of Death

3. Payment will be made directly to the funeral home or mortuary. List the name and mailing address of the organization to receive payment:

Huna Totem Corporation reserves the right to question the reasonableness of this request, and the right to make full or partial payments or to deny payments at its sole discretion.

CERTIFICATION

I, _____, hereby apply for the shareholder funeral benefit offered by Huna Totem Corporation under the terms recited above.

Dated this _____ day of _____, 20__

Signature

For Office Use ONLY

HTC Representative Signature

Deceased Sh. ID #

Date