

# DEISHÚ MEMORIAL FUND APPLICATION

## INSTRUCTIONS:

1. Applications to the Deishú Memorial Fund, must be submitted within 1 year of the qualified shareholder's death.
2. Death of Shareholder must have occurred on or after the effective date of the program, May 7th, 2018.
3. Last 4 digits of the deceased shareholder's social security number **or** Sealaska Corporation shareholder ID number must be supplied.
4. If you are an original shareholder, you may choose to provide a receipt of your pre-paid funeral expense and request pre-payment prior to passing.
5. A copy of the state issued death certificate **or** a letter supplied on funeral home's letterhead, stating the name of the deceased shareholder and their date of death, must accompany this application.
6. Upon approval of application and verification of eligibility, Sealaska Corporation will disperse funds as requested by the applicant:
  - A. *If issued to a funeral home, Sealaska Corporation will contact the funeral home for an IRS W-9 form. Upon the receipt of the W-9 form from the funeral home, funds will be sent directly to the funeral home.*
  - B. *If issued to the deceased estate, the payment will be issued in the name of the deceased shareholder to the shareholder's estate.*
7. Review and complete the checklist to ensure all required documentation is provided.
8. Please sign and date the application.



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Register now on-line at [www.mysealaska.com](http://www.mysealaska.com) or download the **MySealaska App** to keep your shareholder contact information up to date and much more.

## DECEASED SHAREHOLDER INFORMATION

Name (First, Middle, Last, Suffix)		Last 4 Digits of SSN or Shareholder ID
Date of Birth	Date of Death	If approved, request payment to be made to: <b>A. Funeral Home*</b> <b>B. Shareholder Estate</b> <small>*If A is selected you must complete funeral home information below</small>

## APPLICANT INFORMATION

Name (First, Middle, Last, Suffix)		Telephone
Mailing Address, City, State, Zip		Fax Number
Email Address		Relationship to Deceased
<p>This is a pre payment request.*  <small>*Pre-payment is only available for original shareholders.</small></p>		

## \*FUNERAL HOME INFORMATION

Name		Telephone
Mailing Address		Fax Number
Email Address		

## CHECKLIST

Completed Application; Last 4 Digits of Deceased SSN or Shareholder ID number must be supplied

Attached copy of death certificate or letter from funeral home

Select for payment to be made to the estate of the deceased shareholder, or to the funeral home

## APPLICANT SIGNATURE

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SUBMIT VIA

<b>MAIL:</b> Sealaska Shareholder Relations One Sealaska Plaza Suite 400 Juneau AK 99801	<b>EMAIL:</b> <a href="mailto:records@sealaska.com">records@sealaska.com</a>	<b>FAX:</b> 1 (907) 586-8191
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**Questions:** 1 (907) 586-9298 or 1 (800) 848-5921