



111 W 16<sup>th</sup> Avenue, Suite 400  
 Anchorage, Alaska 99501  
 T 907.278.3602  
**Toll Free** 800.426.3602  
 F 907.265.7803  
 shareholders@bbnc.net

**Memorial Donation Request Form for Spouse or Descendant**

BBNC Settlement Trust will make a payment of up to \$750.00 as a result of the death of a shareholder's spouse or descendant. Eligible family members include legal spouse or immediate family which are children or legally adopted children. Step-family members who have not been legally adopted are not eligible.

**Payment is subject to the following:**

1. This form must be signed by the authorized family representative or court appointed representative.
2. The request for payment of funeral expenses must be made within 60 days after the death of shareholder spouse or descendant.
3. We reserve the right to question the reasonableness of any payment request, and reserves the right to make full or partial payments, or to deny any payments in its sole discretion.

**Required Documents**

It is the responsibility of the family representative to ensure all of the documents listed below are completed and returned. The donation request will not be processed until all documents are received.

- Memorial Donation Request Form
- Donations for a Spouse - Provide a copy of a Marriage Certificate
- Donations for a Descendant - Provide a copy of a Birth Certificate
- Copy of Adoption Documents (if applicable)

Name of deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

Payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Payable for: \_\_\_\_\_

**Certification:** I certify that the funds received are to help pay for funeral related expenses.

Signature: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

For Staff Use Only:		
Benefit paid \$:	Date:	Paid to:
Benefit paid \$:	Date:	Paid to:
Staff signature:	Date:	