



Burial Assistance Request Form

This form is to be used to request burial funding assistance for the death of original shareholders or their lineal descendants. Funds are restricted to direct payment to a funeral home or another vendor directly related to the funeral expenses. Request must be made within 10 days of the passing of the shareholder or descendant.

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| Name of Deceased Shareholder: | |
| Date of Birth: | Date of Death: |
| Deceased is: <input type="checkbox"/> An original TTC shareholder <input type="checkbox"/> A lineal descendant of an original TTC shareholder | |
| Please include at least one of the following documents that confirm the death of the above listed person. The document must be from a legal business or agency and must include the deceased's name, date of birth, and date of death. <input type="checkbox"/> Death Certificate <input type="checkbox"/> Letter from funeral home <input type="checkbox"/> Letter from hospital | |

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|---------------------------------------|----------|----------------|
| Name of Person Requesting Assistance: | | |
| Relationship to Deceased: | Phone #: | Email Address: |
| Address: | | |
| Requested use of funds: | | |
| Signature: | | Date: |

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|-------------------|---|
| Internal Use Only | Verified Original Shareholder or Desc Status: |
| | Approved or Denied: |
| | Notes: |

PLEASE RETURN COMPLETED FORM TO:
Email: shareholderservices@tatitlek.com Fax: 907-278-4050
Mail: 561 East 36th Ave. Ste 400, Anchorage, AK 99503