

SSI BURIAL ASSISTANCE FORM



Name of Deceased Shareholder: _____

Last Address: _____

Social Security Number: _____

Date of Death: _____ Age at Death _____

Number of Shaan-Seet, Inc. Shares: _____

Name, Address and Phone Number of Funeral Home _____

THE CHECK WILL BE MADE PAYABLE TO THE FUNERAL HOME

Name and Address of Person Submitting Application: _____

Phone Number: _____

Relationship to Deceased Shareholder: _____

Signature of Person Applying

Date

Proof of deceased shareholder enrollment and a death certificate must be sent with the application. Forms can be mailed or faxed to Shaan-Seet, Inc.

Concerns or questions can be addressed to:

Shaan-Seet, Inc.
PO Box 690
Craig, AK 99921
Phone: 907-826-3251
Fax: 907-826-3980