

BURIAL ASSISTANCE REQUEST FORM

NANA



NANA Regional Corporation, Attn: Shareholder Records, PO Box 49, Kotzebue, AK 99752
For assistance, call (907) 442-3301 or (800) 478-3301, fax (907) 343-5758 Email: records@nana.com

NANA Regional Corporation, Inc., (NANA) provides burial assistance to an eligible family member applying for assistance on behalf of deceased. Eligibility is defined as a member that meets the following criteria:

1. Original NANA shareholder, Class A, B, C or D

A W-9 must be submitted to NANA with this completed form.

Deceased Information			
Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)
Date of death: month/day/year		Last Four Numbers of Social Security Number:	

Applicant Information			
Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)
Relationship to Deceased		Last Four Numbers of Social Security Number:	
Address	City	State	Zip
Telephone Number			
Signature		Date	

Applicant Bank Information (complete only if you would like direct deposit)
Name of Bank
Checking Account Number
Savings Account Number

Signature	Printed Name	Date
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Office use	
<input type="checkbox"/> Approved in the amount of \$ _____ <input type="checkbox"/> Denied	
NANA Approving Officer	Date