

a. Has or will a Funeral Home/Crematorium provide services: Yes No I don't know

If **Yes**, Name of Business and Phone Number: _____

If **Yes**, is there a balance currently owed to the Funeral Home/Crematorium: Yes No—Paid in Full

b. Is there an individual who has already paid for, or is liable for, funeral/cremation expenses:

Yes No I don't know If **Yes**, list the Full Name, Phone Number and Relationship to Deceased:

c. Does the Shareholder have a surviving spouse: Yes No I don't know

Spouse's Full Name and Phone Number: _____

d. Does the Shareholder have any surviving adult children: Yes No I don't know See attached list

Child(ren)'s Full Name(s) and Phone Number(s): _____

(List each child's name next to their phone number in the space provided. Please attach another sheet if more space is required.)

e. To be considered for assistance, please describe your specific needs. Examples of funeral expenses may include funeral home costs, casket, shipping, flowers, etc.

e. Does the Shareholder have a surviving parent(s): Yes No I don't know See attached list

Parent(s)' Full Name(s) and Phone Number(s): _____

(List each parent's name next to their phone number in the space provided. Please attach another sheet if more space is required.)

f. Does the Shareholder have any adult surviving siblings: Yes No I don't know See attached list

Sibling(s)' Full Name(s) and Phone Number(s): _____

(List each sibling's name next to their phone number in the space provided. Please attach another sheet if more space is required.)

4. DOCUMENTATION: One or more of the following documents confirming the death of the Shareholder must be received before this application can be processed and the benefit can be paid. Please indicate which document(s) are being provided by checking the appropriate box(es) below:

- | | |
|---|--|
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Published Obituary <i>(Newspaper/Online)</i> |
| <input type="checkbox"/> Letter/Invoice/Receipt from Funeral Home | <input type="checkbox"/> CULLY Obituary Form <i>(Cannot be completed by the Applicant)</i> |
| <input type="checkbox"/> Medical Record/Health Aide Letter | <input type="checkbox"/> News Article <i>(Newspaper/Online)</i> |
| <input type="checkbox"/> Court Documents | <input type="checkbox"/> U.S. Find a Grave |
| <input type="checkbox"/> BIA/Tribal Documents* | <input type="checkbox"/> Trooper/Police/VPSO Report |
| <input type="checkbox"/> Military Service Record | <input type="checkbox"/> Other <i>(Please explain):</i> |

5. PAYMENT: Make check payable to: *(You may only choose one of the options below. The individual with the highest priority shall have the right to direct CULLY regarding payment of this benefit, unless a balance is owed to a funeral home/crematorium, in which case payment will first go toward the existing funeral home/crematorium balance).*

- Funeral Home/Crematorium *(if checked, complete information below)*
 Applicant *(if checked, skip to Section 6 below)*
 Other Individual *(if checked, complete information below)*

Name of Funeral Home/Crematorium **or** Other Individual: _____

Mailing Address: _____
Street or P.O. Box City State ZIP Code

Phone Number: _____ Email: _____

6. DISCLAIMERS & SIGNATURE:

By signing this application, I certify, understand and agree to the following:

- I am at least 18 years of age and the information provided in this application and any attachments thereto is true, accurate and complete, and I understand that any misrepresentations or inaccuracies may result in the need for me to repay the associated assistance funds.
- CULLY, in its sole discretion, has the right to deny all incomplete applications, applications missing required documentation and applications filed outside of the 180-day period.
- CULLY, in its sole discretion, has the right to contact and request additional documentation from me and others as needed to process this application, including contacting individuals/entities CULLY has designated with higher priority to receive the benefit.
- CULLY shall process only one application and make only one payment on behalf of a deceased Shareholder. The only exception is when paying the full benefit directly to a funeral home/crematorium would exceed the costs of services provided; in this case, CULLY will issue a second check for the remaining benefit as directed by the applicant with the highest priority. Any amount paid to an individual must still be used for costs associated with, or reimbursement for, the Shareholder's funeral, burial, cremation or cultural celebration expenses.
- CULLY, in its sole discretion, may release the information contained in this application, including my name and contact information, to other interested parties inquiring into this benefit on behalf of the deceased Shareholder.
- I fully release, indemnify and hold harmless CULLY from any and all claims and liability associated with this benefit, and I accept full responsibility for the proper use and distribution of the benefit payment.

Applicant's Signature

Date

Completed applications and verification documents may be returned to CULLY by any of the following methods:

- In Person:** 1760 Abbott Road Anchorage AK 99507 (Mon.- Fri., 8:00 am – 5:00 pm)
- Mail:** Cully Corporation 1760 Abbott Road Anchorage, AK 99507
- Email:** Send to SNeakok@cullycorp.com
- Call/Voice Message:** (907) 318-9415 or (907)-206-4130