



3025 Clinton Drive • Juneau, Alaska 99801  
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## FUNERAL BENEFIT REQUEST FORM

Goldbelt, Inc. will make a payment of \$1,000.00 toward funeral and associated expenses upon the death of a shareholder. The payment is subject to the following:

1. This form must be signed by a relative or family representative. Please list your name and relationship to the deceased:

\_\_\_\_\_  
*Your Name & Relationship*

\_\_\_\_\_  
*Your Phone Number*

2. **The claim for a funeral benefit must be made within six months after the date of death.** List name of deceased and date of death:

\_\_\_\_\_  
*Deceased's Name*

\_\_\_\_\_  
*Date of Death*

3. Payment will be made directly to the funeral home or mortuary. List the name and mailing address of the organization to receive payment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goldbelt reserves the right to question the reasonableness of this request, and the right to make full or partial payments or to deny payments at its sole discretion.

### CERTIFICATION

I, \_\_\_\_\_, hereby apply for the shareholder funeral benefit offered by Goldbelt, Inc. under the terms recited above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature

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Goldbelt Representative Signature

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Deceased Shareholder's ID#

\_\_\_\_\_  
Date