

**Alaska Peninsula Corporation
Section 7(r) Bereavement Policy**

Shareholder Bereavement Assistance Application

Alaska Peninsula Corporation's Section 7(r) Bereavement Policy provides Shareholder Bereavement Assistance in the amount of \$500 to help defray the cost of funeral expenses for APC Shareholders of Settlement Common Stock hereafter, "APC Shareholder"), a lineal descendent of an APC Shareholder or the spouse of a living APC Shareholder. The deadline for filing for bereavement assistance is within _____ months of date of death.

Name of Deceased		Applicant Name (must be an immediate family member of deceased)		
Date of Birth	Date of Death	Relationship to Deceased		
Social Security #		Day Phone #	Cell Phone #	Fax #
Deceased is: <input type="checkbox"/> An APC Shareholder who is Native <input type="checkbox"/> Lineal descendant of an original APC Shareholder who is Native Deceased's relationship to original APC Shareholder: _____ Proof of eligibility (e.g. birth certificate(s), marriage certificate, etc.) may be required.				
Applicant must include one of the following which includes name and date of death: <input type="checkbox"/> Death Certificate <input type="checkbox"/> Obituary (not a program used at service) <input type="checkbox"/> Letter from Funeral Home <input type="checkbox"/> Letter from Hospital				
The check may be made payable to the applicant, other immediate family member, funeral home or other business that is providing a service related to the funeral <p align="center">Make check payable to: _____</p> <p align="center">Mailing address: _____ _____</p> <p>Day phone #: _____ Social Security # of whom the check is paid to: _____</p>				
<i>I, the applicant, certify that I am an immediate family member and I understand that the Shareholder Bereavement Assistance fund is provided to help defray funeral related costs.</i>				
Applicant's Signature _____		Date _____		

Please submit completed form to the Alaska Peninsula Corporation, 301 Calista Ct, #101, Anchorage, AK 99518, or Email completed form to bangasan@alaskapeninsulacorp.com or tmyers@alaskapeninsulacorp.com for processing.

For office use only: Denied _____ Date _____ Approved _____ Date _____ Check Requested _____ Date _____

Approval Signature _____

Title: _____