

Death & Burial Assistance Application



DECEASED SHAREHOLDER'S INFORMATION

Name	_____		
First	Last		

Voting Shareholder ID Number	Date of Birth	Date of Death	Age at Death

Address	_____		
Street Address/PO Box	City	State	Zip

FUNERAL HOME

Name	_____		
Name of Funeral Home			
Point of Contact	_____		
Name of Individual to Contact at Funeral Home			
Address	_____		
Street Address/PO Box	City	State	Zip

Email Address	Phone Number		

APPLICANT

Name	_____		
First	Middle	Last	

Relationship to Deceased	Applicant's Social Security Number		

Address	_____		
Street Address/PO Box	City	State	Zip

Email Address	Phone Number		

Check One			
<input type="checkbox"/>	I am requesting a reimbursement (attach copies of itemized receipts or funeral home invoice)		
<input type="checkbox"/>	I am requesting payment be mailed directly to the funeral home (attach funeral home invoice)		

AUTHORIZATION

The following must be received before the burial assistance application will be processed:

- A complete and signed Death & Burial Assistance Application Form
- Copy of the Death Certificate or letter from the Funeral Home
- Copies of itemized receipts

By signing this application I am authorizing Leisnoi to contact the funeral home to receive a copy of the funeral receipt and/or death certificate and I authorize Leisnoi to provide a copy of this form to the funeral home if necessary. I certify that everything contained in this application is true, accurate, complete and current, and no material has been omitted.

Applicant's Signature	_____	Date	_____
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