

The Ada Honor Program is a way for CIRI to honor the lives of our deceased Shareholders and assists their families with the costs associated with a Shareholder's death. Before completing this application, please note the following:

- The deceased individual must have been an active CIRI Shareholder who owned shares on their date of death.
- CIRI will only process one application for a deceased Shareholder.
- CIRI is unable to process applications that are incomplete; missing required documents; and/or untimely filed.
- If multiple applications are submitted, CIRI will process the first application received, unless another application is submitted from a person with higher priority within 10 business days of receiving the first application, provided CIRI has not already processed payment of the benefit for the first application. For information on priority, see Section 3.
- It is important that you carefully read each question and fully complete this application to allow CIRI to provide this benefit in a timely manner.

For your application to be considered on time, the completed application and supporting documents must be received by CIRI—or, if mailing, postmarked—within **180 days** of the date of the Shareholder's death to qualify for this benefit.

## 1. DECEASED SHAREHOLDER INFORMATION: *(Individual must have been a CIRI Shareholder on the date of death)*

Name: \_\_\_\_\_  
First Middle Last Suffix

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Month Day Year Month Day Year

## 2. APPLICANT INFORMATION:

Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(e.g., Spouse, Child, Parent, Sibling, etc.)*

## 3. PRIORITY: *(Important information, please read carefully)*

CIRI has established an order of priority for payment of this benefit. In relation to the deceased Shareholder, the following individuals/entities have priority to receive payment in the order listed: 1) Funeral Home/Crematorium, if a balance is due; 2) Individual who has paid all or the majority of the Shareholder's funeral/cremation expenses (if individuals paid equal amounts, funds will be paid to the first individual to submit a complete application and supporting document(s); 3) Spouse; 4) Adult Child; 5) Parent; 6) Adult Sibling; and 7) Other Adult Members of Shareholder's Family. The individual with the highest priority shall have the right to direct CIRI 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.

- 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. 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"/> CIRI 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 CIRI 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.
- CIRI, 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.
- CIRI, 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 CIRI has designated with higher priority to receive the benefit.
- CIRI 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, CIRI 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.
- CIRI, 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 CIRI 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 CIRI by any of the following methods:**

- In Person:** 725 E Fireweed Ln, Ste 800, Anchorage, AK (Mon.- Fri., 8:00 am – 5:00 pm)  
*Please call CIRI Shareholder Relations at (907) 263-5191 or (800) 764-2474 (toll free) with questions or to confirm office hours.*
- Mail:** CIRI Shareholder Relations, P.O. Box 93330, Anchorage, AK 99509-3330
- Email:** Send to [honor@ciri.com](mailto:honor@ciri.com)
- Text Message:** Send to (907) 263-5191 or (800) 764-2474; or **Fax:** Send to 1 (907) 263-5186