

OLD HARBOR NATIVE CORPORATION
SHAREHOLDER BURIAL ASSISTANCE BENEFICIARY DESIGNATION

Name	_____	SSN	_____
Address	_____	DOB	_____
City & State	_____	Zip Code	_____
Phone	_____	Email	_____

The undersigned hereby revokes any beneficiary designation or direction of payment previously made in respect to proceeds payable under the Old Harbor Native Corporation Shareholder Burial Assistance Benefit Program to listed person/s below.

1. **EXECUTOR OF BURIAL ASSISTANCE BENEFIT.** Designate the person you want to serve as executor of your burial assistance benefit and who will direct payment of your funeral/estate expenses from that burial assistance benefit (*cannot be a minor child*):

Full Name	Date of Birth	Contact Information	Relationship

2. **ALTERNATE EXECUTOR OF BURIAL ASSISTANCE BENEFIT.** In the event of the person identified above is no longer living, unwilling or unable to serve as executor of your burial assistance benefit, designate an alternate you wish to serve as executor of your burial assistance benefit (*cannot be a minor child*):

Full Name	Date of Birth	Contact Information	Relationship

If no executor is selected or no executor is alive at the time of the shareholder's death, the deceased shareholder's benefit will be the default executor.

Shareholder Signature

Witness Signature (*Other Than Executors Listed*)

City/State

Month Day Year

RETURN TO:
Old Harbor Native Corporation
2702 Denali Street Suite 100, Anchorage, Alaska 99503
Phone: (907) 278-6100 Fax:(907) 276-3441
Email: info@oldharbor.org