

KOOTZNOOWOO INCORPORATED



8585 Old Dairy Road, Suite 104, Juneau Alaska 99801 (907) 790-2992; Fax (866) 790-0643

KOOTZNOOWOO INCORPORATED FUNERAL BENEFIT REQUEST FORM

Kootznoowoo Incorporated will make a payment of \$500.00 with the maximum of \$1,000.00 toward funeral and associated expenses upon the death of a shareholder. The determination of the amount of the payment is based on the amount of shares (1-49) Minimum and (50-100) Maximum the payment is subject to the following:

- 1) This form must be signed by the next of kin or the court appointed personal representative.
- 2) The claim for the funeral benefit must be made within six weeks after the date of death.
- 3) Payment will be paid directly to the funeral home or mortuary. List the name and mailing address of the organization to receive payment:

- 4) Kootznoowoo 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 funeral benefit offered by Kootznoowoo Inc. on behalf of _____ under the terms recited above.
(Deceased shareholder)

Dated this _____ day of _____, 20____

Signature of next of Kin or Personal Representative

Kootznoowoo Representative Signature

Date