



FUNERAL BENEFIT REQUEST FORM

Goldbelt, Inc. will make a payment of \$250.00 toward funeral and associated expenses upon the death of a shareholder. The payment is subject to the following:

1. This form must be signed by a relative or family representative. Please list your name and relationship to the deceased:

Your Name

Your Relationship to the Deceased

2. **The claim for a funeral benefit must be made within six weeks after the date of death.** List name of deceased and date of death:

Deceased's Name

Date of Death

3. Payment will be made directly to the funeral home or mortuary. List the name and mailing address of the organization to receive payment:

Goldbelt 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 shareholder funeral benefit offered by Goldbelt, Inc. under the terms recited above.

Dated this _____ day of _____, 20_____

Signature

Goldbelt Representative Signature

Deceased Shareholder's ID#

Date