



## Funeral Assistance Benefits Application

To be filled out by the Personal Representative of the Deceased,  
in accordance with Policy 2015-28 Funeral Assistance Benefits

**Submit to Membership Services once completed.**

***Protected when submitted***

For the funeral of the late \_\_\_\_\_  
(Name of Deceased WFN Member)

### Benefits Requested

Please check the funeral assistance benefits outlined below that you are applying for.

### Financial Benefits

Financial Benefit in the amount of \_\_\_\_\_ (Maximum \$3,500)

### In-Kind Benefits

*(If applying for In-Kind Benefits, the Personal Representative must meet with the Membership Services Manager or designate to make arrangements.)*

**Available only if burial occurs in IR#9 and IR#10 cemeteries. Otherwise pine box and pitch post are provided on a pick-up basis only.**

Acquisition and delivery of pine box (outer casing)

Acquisition and delivery of pitch post

Preparation of Interment Site

**Available only for locations on IR #9 and #10 only, conditional upon suitable driveway access. Otherwise provided on a pick-up basis only.**

Delivery of firewood

**Available only for WFN facilities.**

Use of WFN facility; Please indicate which facility: \_\_\_\_\_

Use of kitchen facility; Please indicate at which facility: \_\_\_\_\_

**Other in-kind benefits available.**

Distribution of funeral notice to the Okanagan Nation Alliance

## Declaration

I, \_\_\_\_\_, declare that I am the lawful Personal Representative for the funeral of the late \_\_\_\_\_

*(Name of Deceased WFN Member).*

I agree to apply any funeral assistance benefits received solely for funeral expenses and other funeral-related purposes. I also acknowledge that I and the Deceased's family are responsible for any funeral-related services or costs not provided through Policy 2015-28 Funeral Assistance Benefits.

## Signatures

Personal Representative for the Deceased

Date

WFN Representative

Date