



**Burial Assistant
Recipient Designation Form**

I Choose AKI Burial Insurance

**I Decline AKI Burial Insurance – Check Box and Sign. Do not fill out
Primary or Secondary recipients.**

I, _____, shareholder of Akhiok-Kaguyak, Inc., hereby designate my primary recipient to receive the burial insurance for the purpose of my burial. If my primary is unavailable or declines the responsibilities, I designate my secondary recipient to receive the burial insurance for my burial.

My primary and secondary recipients must be over the age of 18.

Primary Recipient

Full Name: _____ *DOB _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Email Address: _____

Secondary Recipient

Full Name: _____ *DOB _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Email Address: _____

If checked, please turn in your Stock Will with this form.

**Signature of
Shareholder** _____

Date _____

Office Use Only:

Date Received: _____

Date Processed Into

Shareholder Mgmt System: _____

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