

THE SENECA NATION OF INDIANS

12837 Route 438 Cattaraugus Territory Seneca Nation Irving 14081 Phone (716) 532-4900 Fax (716) 532-9132 90 Ohi:yo' Way Allegany Territory Seneca Nation Salamanca 14779 Phone (716) 945-1790 Fax (716) 945-0150

SENECA NATION OF INDIANS - BURIAL FUND

The Seneca Nation of Indians Burial Fund has been established by the SN Tribal Council to pay funeral expenses *up to \$7000* for each enrolled members of the Seneca Nation who deceased on or after May 10, 2003. Any outstanding balance is the responsibility of the family or representative of the decedent.

The Fund was established to provide financial assistance toward funeral costs and to assure a dignified approach to each Tribal members' final needs.

All payments will be paid directly to the named Funeral Home, as stated on application.

Eligibility – Must be an enrolled member of the Seneca Nation of Indians or infant under the age of one, whose biological mother is an enrolled member of the Seneca Nation, who was not dutifully enrolled.

Instructions to Apply for Use of Burial Fund

- Family Member/Representative must notify SNI Clerk's Office at time of death
- Application Must be completed by a member of the family or representative of the decedent
- · Certified Copy of Death Certificate
- Original Final Invoice from Funeral Home
- W9 Must be completed by Funeral Home
- If under the age of one, hospital statement with biological mother's name listed

Completed Applications and documentation to be mailed to the following address:

Seneca Nation of Indians Clerk's Office

PO Box 231

Salamanca, NY 14779

Please allow up to 30 days for payment, once all required documents have been submitted.

For any questions or to verify eligibility, please contact the Seneca Nation Clerk's Office at either (716)-945-1790 or (716)-532-4900.



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SENECA NATION OF INDIANS BURIAL FUND REQUEST

Social Security#					
Date of Death:					
Enrollment#					
Phone:					
					
RESPONSIBLE PARTY INFORMATION: (Person who signs the Burial Contract with funeral home)					
Relation to Deceased:					
Email:					
I, fully understand this application and I certify that all the information contained here is true and correct. I hereby give permission for the funeral home listed above to release information to the Seneca Nation of Indians Clerk's Office which would assist with processing financial burial assistance.					
Date:					
SNI Clerk's Office Use Only					
Date					
W9 for Funeral Home (first time vendors with SNI)					
If under the age of one, hospital statement with biological mother's name listed					
Initials:					

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	*****		_
	Traine (as shown on your moonte tax return). Ivalue is required on this line, do not leave this line plank.			
Print or type. See Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above			—
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Cit following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)		
	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sin is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of the LLC is gle-member LLC that	Exemption from FATCA reporting code (if any)	
	Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.))
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)	_
	6 City, state, and ZIP code	Y		
	7 List account number(s) here (optional)	1		
Par	t I Taxpayer Identification Number (TIN)			
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	oid Social sec	curity number	
backu reside entitie	up withholding. For individuals, this is generally your social security number (SSN). However, and alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other as, it is your employer identification number (EIN). If you do not have a number, see <i>How to go</i>	for a		
TIN, la		or		
Numb	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	and Employer	identification number	
Par				_
Under	penalties of perjury, I certify that:			

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II. later

Outer than	increst and dividends, j	are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.
Sign Here	Signature of U.S. person ►	Date▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.