

## Shareholder or Descendant ID Form

Check One:

NEW SHAREHOLDER  DESCENDANT REGISTRATION

### **CONTACT INFORMATION**

Full Legal Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you Head of Household? Yes  No  If no, which shareholder is Head of Household? \_\_\_\_\_

Phone \_\_\_\_\_ Work/Message Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Preferred Method of Contact \_\_\_\_\_

### **PERSONAL INFORMATION**

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Are you Alaska Native? Yes  No  Blood Quantum \_\_\_\_\_ Identify one **original TAC shareholder** from whom applicant is descended (parent or grandparent) \_\_\_\_\_

Certificate of Indian Blood or Birth Certificate attached? (Required to be a voting shareholder.) Yes  No

Tribal Affiliation \_\_\_\_\_

Military Status: Active Duty  Veteran  None  Military Service \_\_\_\_\_ Years Served \_\_\_\_\_ Rank \_\_\_\_\_

### **FAMILY INFORMATION**

Your Parent(s) Full Name(s) \_\_\_\_\_ Your Mother's Maiden Name \_\_\_\_\_

Sibling(s) Name(s) \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed  Your Maiden Name \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_ Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_

Children's Names \_\_\_\_\_

### **DETAILED INFORMATION**

Name and relation of person you're receiving shares from \_\_\_\_\_

If a minor, who is the custodian \_\_\_\_\_

Are you enrolled to any other Region under the Alaska Native Claims Settlement Act? Yes  No

If yes, name of Region \_\_\_\_\_ Shareholder ID \_\_\_\_\_

*The information provided on this form is necessary for shareholder or descendant registration identification purposes. If a registered descendant becomes a shareholder after signing, this form will be used to complete their shareholder record.*

By my signature below, I confirm the information provided on this form is true and correct.

**SIGNATURE**

**DATE**

