



# Checklist for Gifting (To a relative 18+)

## For Gifter:

- Affidavit to Gift Corporate Stock (Signed in front of notary)

## For New Shareholder

- Acceptance of Gifted Stock (Signed in front of notary)
- Shareholder ID Form
- Birth Certificate Copy
- Stock Will (Must be signed in front of notary **and** 2 witnesses)
- W-9 Form

## Optional:

- Direct Deposit Form+

## Examples Of Transfer Situations and Required Birth Certificates

### **Gift to a Child**

- Your child's birth certificate

### **Gift to a Grandchild**

- Your child's birth certificate (the birth certificate of the parent of your grandchild); and
- Your grandchild's birth certificate.

### **Gift to a Great Grandchild**

- Your child's birth certificate (the birth certificate of the parent of your grandchild); and
- Your grandchild's birth certificate (the birth certificate of the parent of your great grandchild); and
- Your great grandchild's birth certificate.

### **Gift to a Niece or Nephew**

- Your birth certificate; and
- Your brother's or sister's birth certificate (the parent of your niece or nephew); and
- Your niece's or nephew's birth certificate.

### **Gift to your Brother or Sister**

- Your birth certificate; and
- Your brother's or sister's birth certificate

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Anchorage, Alaska 99503

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## Affidavit for Gifting Corporate Stock

State of: \_\_\_\_\_ )  
 County of: \_\_\_\_\_ ) ss.  
 or \_\_\_\_\_ Judicial District)

I, \_\_\_\_\_, being sworn, certify and affirm the following:

1. I am a stockholder of The Aleut Corporation (TAC).  
 My social security number is \_\_\_\_\_. My date of birth is \_\_\_\_\_.  
 My current address is \_\_\_\_\_  
 \_\_\_\_\_  
 My current telephone number is (\_\_\_\_\_)\_\_\_\_\_.
2. I own \_\_\_\_\_ shares of Village Class A stock. I own \_\_\_\_\_ shares of At-large Class B stock.
3. I understand that I may only give shares to an Alaska Native, or a descendant of an Alaska Native, who is my child, grandchild, great-grandchild, niece, nephew, brother, or sister who is related to me by blood or adoption (and not simply by marriage); and that it is my responsibility to provide documentation proving Native descent and family relationship.
4. Each of the individuals named below is defined by the Alaska Natives Claims Settlement Act and the 1987 Amendments, thereto, as a Native or descendant of a Native.
5. I authorize The Aleut Corporation to transfer as an irrevocable gift the number of shares listed below to the following recipients:

Name of Recipient	Relationship	Class A stock
_____	_____	_____
Address		<b>Class B stock</b>
_____	DOB: _____	_____
_____	Mother's Maiden Name: _____	
Social Security No.: _____	Telephone No.: _____	
Custodian name & address: _____		
Email address: _____		

Name of Recipient	Relationship	Class A stock
_____	_____	_____
Address		<b>Class B stock</b>
_____	DOB: _____	_____
_____	Mother's Maiden Name: _____	
Social Security No.: _____	Telephone No.: _____	
Custodian name & address: _____		
Email address: _____		

\* If recipient is a minor and you want to designate a custodian, you must list the name and address of the designated custodian.



## Affidavit for Gifting Corporate Stock

<b>Name of Recipient</b>	<b>Relationship</b>	<b>Class A stock</b>
_____	_____	_____
<b>Address</b>		<b>Class B stock</b>
_____	DOB: _____	_____
_____	Mother's Maiden Name: _____	
Social Security No.: _____	Telephone No.: _____	
Custodian name & address: _____		
Email address: _____		

<b>Name of Recipient</b>	<b>Relationship</b>	<b>Class A stock</b>
_____	_____	_____
<b>Address</b>		<b>Class B stock</b>
_____	DOB: _____	_____
_____	Mother's Maiden Name: _____	
Social Security No.: _____	Telephone No.: _____	
Custodian name & address: _____		
Email address: _____		

### Affidavit for Gifting Corporate Stock

6. I affirm that I have not received anything of value nor was I promised anything of value in compensation for the stock I wish to gift and that I execute this instrument as my free and voluntary act for the purposes expressed in it, that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.
  
7. I affirm that I have read and understand the Instructions for Gifting Aleut Corporation Stock. I affirm that the information that I have provided The Aleut Corporation is true.

I agree to defend and hold The Aleut Corporation harmless from any claims, demands, or expenses that result in any way from The Aleut Corporation's reliance upon this affidavit. I understand and agree that The Aleut Corporation may eliminate any fractional shares created by the transfer. I am signing this Affidavit for Gifting Corporate Stock before a Notary Public at:

\_\_\_\_\_ on this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_.  
 City, State

Signature: \_\_\_\_\_  
 Full legal name

SUBSCRIBED AND SWORN to before me on this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public in and for: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

\* If recipient is a minor and you want to designate a custodian, you must list the name and address of the designated custodian.



**Acceptance of Gifted Stock**

Recipient Not A Minor

Name: \_\_\_\_\_  
 Full legal name

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Birth Date: \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Are you currently an Aleut Corporation Shareholder (circle one):      Yes            No

Are you a Shareholder of any other regional Native corporation (circle one)?      Yes            No

If yes, name(s) of other corporation(s): \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ (full legal name) understand that I am to receive \_\_\_\_\_ shares of Aleut Corporation stock as a gift from \_\_\_\_\_ (donors full legal name), who is my \_\_\_\_\_ (state family relationship).

I understand that the Alaska Native Claims Settlement Act (ANCSA) defines "Native" as a citizen of the United States who is a person of one-fourth degree or more of Alaska Indian (including Tsimshian Indians not enrolled in the Metlakatla Indian Community), Eskimo, or Aleut blood, or a combination thereof.

I also understand that the ANCSA Amendments of 1987 define "descendant of a Native" as: 1) a lineal descendent of a Native or of an individual who would have been a Native if such individual were alive on December 18, 1971; or 2) an adoptee of a Native or of a descendant of a Native whose adoption (a) occurred prior to his or her age of majority, and (b) is recognized at law or in equity.

I affirm that I am a Native or descendant of a Native, as defined by the ANCSA and the ANCSA Amendments of 1987. I also affirm that I have not transferred or promised anything of value to \_\_\_\_\_ (donor's legal full name) in order to obtain the share(s).

If this gift is approved, I understand that I will become the owner of \_\_\_\_\_ share(s) of Aleut Corporation stock.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Recipient's full legal name

SUBSCRIBED AND SWORN to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

State of: \_\_\_\_\_ )  
 \_\_\_\_\_ ) ss.  
 County of: \_\_\_\_\_ )  
 (or \_\_\_\_\_ Judicial District)

\_\_\_\_\_  
 Notary Public in and for: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_ SEAL



TRANSFERS WILL NOT BE  
PROCESSED WITHOUT THE  
APPROPRIATE BIRTH  
CERTIFICATES INCLUDED IN  
YOUR RETURNED FORMS.

- Required: (COPY) Birth Certificate(s)
- If name is shown different than what is on birth certificate, proof of name change is required. Ex: Marriage Certificate, divorce decree, adoption decree, state or government issued ID or Driver's license.



## 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

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# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

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.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>	<b>Date ▶</b>
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## 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](http://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.*





## Stock Will (AS 13.16.705 (b)) For The Aleut Corporation and Village Corporation Shares of Stock

I, Sharehold Name

Date of Birth: Date of Birth Social Security Number: Type Last 4 of Social Security Number

Address: Current Address City/State: City, State Zip: Zip

declare that I am of sound mind and that I am executing this Stock Will to transfer my shares of stock and any outstanding distributions in The Aleut Corporation and Village Corporation(s) (if applicable) upon my death.

I hereby devise and bequeath my shares of stock in The Aleut Corporation and Village Corporation(s) (if applicable) to the following persons. If any person has preceded me in death, that person's shares are to be distributed as agreed below. For purpose of applying AS 13.12.603, a person who refuses my stock shall be treated as if they have predeceased me.

Write the percentage or number of shares each recipient is to receive. Single shares may not be divided.

PRIMARY BENEFICIARY(IES)			Distribution of Shares	
Full Legal Name	SSN (or) Date of Birth	Relationship	TAC Shares	Village Corp. Shares
<u>Beneficiary Name 1</u>	<u>XXX-XX-XXXX</u>	<u>Son</u>	<u>33%</u>	<u>50%</u>
<u>Beneficiary Name 2</u>	<u>or</u>	<u>Daughter</u>	<u>33%</u>	<u>50%</u>
<u>Beneficiary Name 3</u>	<u>XXX/XX/XXXX</u>	<u>Spouse</u>	<u>34%</u>	
<u>Legal Name</u>	<u>Social Security Number</u>	<u>**Shares left to non Alaska Natives result in non-voting shares.</u>		
		<u>Please consider the future of your shares when designating beneficiaries.</u>		

(Attach separate paper for additional beneficiaries, if necessary)

**The total must equal 100% OR  
the number of shares you own**

I understand and agree that if the use of a percentage results in an uneven or fractional number of shares being distributed to any beneficiary, the shares will be rounded down to a whole number for all beneficiaries except the eldest, and the remaining uneven or fractional balance of the shares will be allocated to the eldest beneficiary.

I understand and agree that if the use of a percentage results in an uneven or fractional number of shares being distributed to any beneficiary, the shares will be rounded down to a whole number for all beneficiaries except the eldest, and the remaining uneven or fractional balance of the shares will be allocated to the eldest beneficiary.

In the event any Primary Beneficiary named above dies before me, I want that Primary Beneficiary's portion of stock to pass as follows (select one and add your initials next to the selection):

- To the other Primary Beneficiaries named above in the same proportion as above (if there is only one survivor, to the survivor in full), OR *If you have Beneficiary 1 & 2 as 20%, and Beneficiary 3 as 60%, but B1 dies. B2 will receive 25% and B3 will receive 75%*
- To the other Primary Beneficiaries named above in equal portions, (if there is only one survivor, to the survivor in full), OR
- To that Primary Beneficiary's own children, OR *If Beneficiary 2 dies, then shares go to their children.*

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Initial  To the following people who are Contingent Beneficiaries (list full legal name, SSN (or) Date of Birth, relationship to you, and include allocation of shares):

Beneficiary Name 4, Social Security Number, Date of Birth, Grandson, 50%

Beneficiary Name 5, Social Security Number, Date of Birth, Granddaughter, 50%

**Please complete the following if any of the persons you named above are under eighteen years of age.**

I appoint the following individual(s) as custodian(s) for the named minor(s) as required by the Alaska Uniform Transfers to Minor Act.

Name of Custodian	Name of Minor Beneficiary
<u>Beneficiary 2</u>	<u>Beneficiary 4</u>
<u>Beneficiary 2</u>	<u>Beneficiary 5</u>
<i>(Attach separate paper for additional beneficiaries, if necessary)</i>	

By checking this box I also devise and bequeath my Name of Village Corporation Village Corporation shares as stated on this form. **If not checked or the Village Corporation(s) is not written in, this document cannot be accepted by the Village Corporation(s).**

On this Day day of Month, 20Year, at City, State, by my own free will and under no constraint or undue influence, I set forth my signature on this instrument and execute it for the purposes expressed.

<u>Sign in the presence of a notary</u>	<u>Date</u>
Signature	Date

*\*Witness cannot be beneficiary.*

**WITNESSES**

We, Witness Name 1 (print) and Witness Name 2 (print), the witnesses, sign our names to this instrument, and declare that the testator signs and executes this instrument as his/her stock will and that he/she signs it willingly (or willingly directs another person to sign for him/her), and that each of us in the presence and hearing of the testator, hereby signs this will as witness to the testator's signing, and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

Witness: <u>Witness 1 (sign in presence of notary)</u>	Witness: <u>Witness 2 (sign in presence of notary)</u>
Witness Signature	Witness Signature

Residing at: <u>Witness 1 Residence</u>	Residing at: <u>Witness 2 Residence</u>
<u>City, State</u>	<u>City, State</u>

State of \_\_\_\_\_ Judicial District/County \_\_\_\_\_

**NOTARY**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, the testator, and \_\_\_\_\_ and \_\_\_\_\_, witnesses.

Notary for \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



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## Stock Will (AS 13.16.705 (b)) For The Aleut Corporation and Village Corporation Shares of Stock

I, \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

declare that I am of sound mind and that I am executing this Stock Will to transfer my shares of stock and any outstanding distributions in The Aleut Corporation and Village Corporation(s) (if applicable) upon my death.

I hereby devise and bequeath my shares of stock in The Aleut Corporation and Village Corporation(s) (if applicable) to the following persons. If any person has preceded me in death, that person's shares are to be distributed as agreed below. For purpose of applying AS 13.12.603, a person who refuses my stock shall be treated as if they have predeceased me.

Write the percentage or number of shares each recipient is to receive. Single shares may not be divided.

PRIMARY BENEFICIARY(IES) Full Legal Name	SSN (or) Date of Birth	Relationship	Distribution of Shares	
			TAC Shares	Village Corp. Shares
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**The total must equal 100% OR  
the number of shares you own**

*(Attach separate paper for additional beneficiaries, if necessary)*

I understand and agree that if the use of a percentage results in an uneven or fractional number of shares being distributed to any beneficiary, the shares will be rounded down to a whole number for all beneficiaries except the eldest, and the remaining uneven or fractional balance of the shares will be allocated to the eldest beneficiary.

In the event any Primary Beneficiary named above dies before me, I want that Primary Beneficiary's portion of stock to pass as follows (select one and add your initials next to the selection):

- To the other Primary Beneficiaries named above in the same proportion as above (if there is only one survivor, to the survivor in full), OR
- To the other Primary Beneficiaries named above in equal portions, (if there is only one survivor, to the survivor in full), OR
- To that Primary Beneficiary's own children, OR

To the following people who are Contingent Beneficiaries (list full legal name, SSN (or) Date of Birth, relationship to you, and include allocation of shares):

\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following if any of the persons you named above are under eighteen years of age.**

I appoint the following individual(s) as custodian(s) for the named minor(s) as required by the Alaska Uniform Transfers to Minor Act.

Name of Custodian

Name of Minor Beneficiary

\_\_\_\_\_

\_\_\_\_\_

*(Attach separate paper for additional beneficiaries, if necessary)*

By checking this box I also devise and bequeath my \_\_\_\_\_ Village Corporation shares as stated on this form. **If not checked or the Village Corporation(s) is not written in, this document cannot be accepted by the Village Corporation(s).**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, by my own free will and under no constraint or undue influence, I set forth my signature on this instrument and execute it for the purposes expressed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WITNESSES**

We, \_\_\_\_\_ and \_\_\_\_\_, the witnesses, sign our names to this instrument, and declare that the testator signs and executes this instrument as his/her stock will and that he/she signs it willingly (or willingly directs another person to sign for him/her), and that each of us in the presence and hearing of the testator, hereby signs this will as witness to the testator's signing, and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

Witness: \_\_\_\_\_  
Witness Signature

Witness: \_\_\_\_\_  
Witness Signature

Residing at: \_\_\_\_\_

Residing at: \_\_\_\_\_

State of \_\_\_\_\_

Judicial District/County \_\_\_\_\_

**NOTARY**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, the testator, and \_\_\_\_\_ and \_\_\_\_\_, witnesses.

\_\_\_\_\_  
Notary for \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_



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## Authorization for Direct Deposit of Shareholder Distributions or Dividends

**Please Check One:** Initial Enrollment for Direct Deposit  Change Account Number  Cancel Direct Deposit

### **SHAREHOLDER INFORMATION**

Shareholder Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Shareholder Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_

### **FINANCIAL INFORMATION**

\*Shareholder Bank Account Number \_\_\_\_\_ \*Check One: Checking  Savings

Financial Institution (bank, credit union, etc.) \_\_\_\_\_ Bank or Credit Union Branch (if applicable) \_\_\_\_\_

Address (city, state, zip code, phone number) \_\_\_\_\_

\*Financial Institution Electronic Routing Number \_\_\_\_\_

*Items that are preceded with an asterisk (\*) are required before the direct deposit request can be completed.*

A voided check or bank verification confirming your name on the account, routing and account number and type of account **must be attached** to this direct deposit authorization form.

Copy of VOID check or bank verification is attached (no direct deposit slips): Yes  No

### **COMPLETE INFORMATION MUST BE PROVIDED FOR DIRECT DEPOSIT**

*By my signature, I authorize and request The Aleut Corporation to deposit the amount of my shareholder distributions or dividends to the financial institution listed until I notify The Aleut Corporation of a change or cancellation. **Your address must be kept current and must match the address you have on file with the U.S. Postal Service; if your TAC mail is undeliverable, direct deposit will be canceled.***

**SIGNATURE**

**DATE**

Please return completed form to the address below, marked "ATTN: Shareholder Records"

**ALEUTCORP.COM**

One Aleut Plaza  
4000 Old Seward Highway, Ste. 300  
Anchorage, Alaska 99503

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SHAREHOLDER RELATIONS records@aleutcorp.com  
ACCOUNTING ap@aleutcorp.com  
HUMAN RESOURCES hr@aleutcorp.com

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