



# Checklist for Gifting (To a Minor)

## For Gifter:

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

## For New Shareholder

- Consent to Appointment of Custodian and Acceptance of Gifted Stock for Minor Form (Signed in front of notary by custodian)
- Shareholder ID Form
- Birth Certificate Copy
- 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

#### **ALEUTCORP.COM**

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

GENERAL INQUIRIES [info@aleutcorp.com](mailto:info@aleutcorp.com)  
SHAREHOLDER RELATIONS [records@aleutcorp.com](mailto:records@aleutcorp.com)  
ACCOUNTING [ap@aleutcorp.com](mailto:ap@aleutcorp.com)  
HUMAN RESOURCES [hr@aleutcorp.com](mailto:hr@aleutcorp.com)

MAIN 907-561-4300  
TOLL-FREE 800-232-4882  
FAX 907-563-4328



## 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.



CONSENT TO APPOINTMENT AS CUSTODIAN  
And Acceptance of Gifted Stock for Minor

Minor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Minor's Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Is Minor currently a TAC Shareholder ? **(circle one)** Yes No

Is Minor a shareholder of any other Native regional corporation? **(circle one)** Yes No

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

Custodian's Name: \_\_\_\_\_

Custodian's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Custodian's Telephone No: \_\_\_\_\_

Is Custodian an Aleut Corporation shareholder? **(circle one)** Yes No

I, \_\_\_\_\_ (custodian's full legal name), being sworn, certify and affirm that I have been nominated by \_\_\_\_\_ (donor's full legal name) to act as custodian for a gifting of stock in The Aleut Corporation (TAC) to:

\_\_\_\_\_ (recipient's full legal name), a minor under the age of 18 years. If this gift is approved, I understand that the minor named above will become the owner of \_\_\_\_\_ (total number of shares) shares of stock in The Aleut Corporation.

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:



CONSENT TO APPOINTMENT AS CUSTODIAN  
And Acceptance of Gifted Stock for Minor

- 1) a lineal descendant 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 hereby affirm my belief that the minor name above is a Native or descendant of a Native, as defined by the ANCSA and the ANCSA Amendments of 1987.

In accordance with the Alaska Uniform Transfers to Minors Act (AUTMA), I also affirm that I am duly qualified to act as custodian in that I am:

- The donor of the gift of stock
- Another adult appointed by the donor

**If you are not the donor, what is your relationship to the minor?** \_\_\_\_\_

I further affirm that I have not transferred or promised anything of value in order that the minor would obtain the share(s) of stock. I understand that this custodianship will end when the minor reaches the age of majority. I understand that the stock is currently restricted by provisions contained in ANCSA and cannot be sold or used as collateral for a loan and cannot be otherwise traded except in limited circumstances permitted by ANCSA. I understand that there may be taxes due as a result of receiving or owning the share(s), and I acknowledge that TAC is not responsible for payment of any such taxes.

I hereby accept appointment as custodian of the gift of stock in TAC described above on behalf of the minor named above, and I hereby accept the gift of stock on behalf of the minor. I understand that, under AUTMA, I am not entitled to receive compensation for custodian services except, upon application to and approval by the Superior Court, for unusual and extraordinary services.

I swear that I will manage the minor's stock and any monies derived from the stock in conformity with the provisions of the Alaska Statutes governing such custodianships, including those provisions related to care of custodial property and record keeping requirements, and in a manner directly contributing to the benefit of the minor. I agree to provide written authorization to TAC of any changes which may affect the minor's TAC stock records, such as address and name changes.

I acknowledge I have received, read, and understood Alaska Statutes 13.46.085 and 13.46.110, which are sections of AUTMA that address the appointment, powers, and duties of custodians for minors.

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

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

State of: \_\_\_\_\_ }  
County of: \_\_\_\_\_ } ss. \_\_\_\_\_  
(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

#### ALEUTCORP.COM

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

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

MAIN 907-561-4300  
TOLL-FREE 800-232-4882  
FAX 907-563-4328

# 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>	<p><b>Signature of U.S. person ▶</b></p>	<p><b>Date ▶</b></p>
------------------	--	----------------------

## 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.*





## 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

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

MAIN 907-561-4300  
TOLL-FREE 800-232-4882  
FAX 907-563-4328