



Affidavit for Gifting Corporate Stock

GIFTOR INFORMATION

Full Name:		Date of Birth:
Mailing Address:		
Email Address:		Cell Phone:
Number of Shares Owned	Class A:	Class B:

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. 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.

I authorize The Aleut Corporation to transfer as an irrevocable gift the number of shares listed below to the following recipients:

RECIPIENT INFORMATION

Recipient legal name, Address, email and phone number	Relationship	Name of Custodian if applicable.	# of Class A shares (Village shares)	# of Class B shares (At-Large Shares)
<i>Jane Ann Doe</i> 123 Unangax Way SE #4 City, State, Zip Email@address.com (907) 555-5555	Granddaughter	Johnny Doe, Jr.	25.0000	N/A

Recipient legal name, Address, email and phone number	Relationship	Name of Custodian if applicable.	# of Class A shares (Village shares)	# of Class B shares (At-Large Shares)

Affidavit for Gifting Corporate Stock

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.

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 or Alaska U.S. Postmaster at:

State of: _____
 County of: _____
 (or) Judicial District _____

_____ 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: _____





Acceptance of Gifted Stock

Recipient Not a Minor

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 will provide:

- Birth certificate(s) proving lineal descent

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 I am not yet a shareholder of The Aleut Corporation, I will be required to return the following new shareholder documents:

- Shareholder Identification Criteria
- W9
- Stock Will designating the beneficiaries of my shares
- Direct Deposit is encouraged

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: _____)

County of: _____)

(or _____ Judicial District)

Notary Public in and for: _____

My commission expires: _____ SEAL



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

Denali Tower North
2550 Denali St., Ste. 1050
Anchorage, Alaska 99503

GENERAL INQUIRIES info@aleutcorp.com
SHAREHOLDER RELATIONS records@aleutcorp.com
ACCOUNTING ap@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 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	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. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: 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 not 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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> 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 and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

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.

Social security number									
-				-					
or									
Employer identification number									
-									

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.

Sign Here	Signature of U.S. person ▶	Date ▶
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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.

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, _____

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)			Distribution of Shares	
Full Legal Name	SSN (or) Date of Birth	Relationship	Aleut 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: _____

Witness Signature

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:





AUTHORIZATION FOR DIRECT DEPOSIT OF SHAREHOLDER DISTRIBUTIONS

NOTE: You can add your banking information through the shareholder portal and not have to complete this form and submit a void check or bank verification. <https://portal.aleutcorp.com>

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

SHAREHOLDER INFORMATION

Shareholder Name _____ Last 4SSN _____

Mailing Address _____ Cellular Number _____

City, State, Zip Code _____ Email Address _____

FINANCIAL INFORMATION

Financial Institution (bank, credit union, etc.) _____

*Shareholder Bank Account Number _____ *Check One: Checking Savings
Electronic Account number i.e. Global CU has 13-digit electronic account number

*Financial Institution Electronic Routing Number _____

Address (city, state, zip code, phone 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, I understand my direct deposit will NOT be filed until I provide a bank verification confirming my account and routing number.

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

Denali Tower North
2550 Denali St., Ste. 1050
Anchorage, Alaska 99503

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

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



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

- Required: (COPY) Birth
Certificate(s) & Name Change
(if applicable)