



## 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 <a href="mailto:Email@address.com">Email@address.com</a> (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: \_\_\_\_\_





CONSENT TO APPOINTMENT AS CUSTODIAN

And Acceptance of Gifted Stock for Minor

I, \_\_\_\_\_ (custodian's full legal name), being sworn, certified 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 (ALEUT) 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 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 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 ALEUT stock records, such as address and name changes.

If the minor is 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*

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: \_\_\_\_\_ )

(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

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





## 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  
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FAX 907-563-4328



DESIGNATION OF A CUSTODIAN

I, \_\_\_\_\_, of \_\_\_\_\_  
(Name) (Address)

am the parent or guardian of \_\_\_\_\_, a minor,  
(Name of Minor)

born on: \_\_\_\_\_; hereby designate \_\_\_\_\_  
(Date of Birth) (Name of Custodian)

as custodian for \_\_\_\_\_.  
(Name of Minor)

pursuant to A.S. 45.60.016 for stock to be issued by The Aleut Corporation pursuant to The Alaska Native Claims Settlement Act.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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

STATE OF ALASKA )  
) ss.  
THIRD JUDICIAL DISTRICT )

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary 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)