

Natives of Kodiak Shareholder Permanent Fund Trust

AFFIDAVIT REQUEST FOR GIFT OF TRUST UNITS AND ACCEPTANCE

THE STATE OF _____)
) ss.
)

[County/Judicial District]

I, _____
[Full name as it appears on shareholder beneficiary records]
_____, _____ of
[ID number] [Social Security Number]

[Complete mailing address or PO Box]
_____, _____
[City, state, zip code] [Area code & telephone]

being first duly sworn, upon oath, do hereby depose and say:

- 1) I am currently a Natives of Kodiak Permanent Fund Trust (Trust) beneficiary owning _____ Trust units.
- 2) I understand that pursuant to the Alaska Native Claims Settlement Act and its amendments "...Settlement Common Stock may be transferred to a Native or a descendant of a Native...as an inter vivos gift from a holder to his or her child, grandchild, great grandchild, niece, nephew, or (if the shareholder has reached the age of majority as defined by the laws of the State of Alaska) brother or sister." I further understand that units of the Trust may be transferred subject to the same restrictions.
- 3) I understand that the recipient of this gift must be an Alaska Native or descendant of a Native, which includes persons who are family members by adoption, and I have filled out the attached family tree form as accurately as possible, to the best of my knowledge and belief. I have attached a true copy of the birth certificate of the recipient. If the recipient is a relative by adoption, I have attached a true copy of the court Decree of Adoption or similar legal proof of adoption. I will provide such other proof of qualification as Natives of Kodiak, Inc. (NOK) may request.
- 4) I request the transfer of _____ of my Trust units to the following recipient:

Recipient's Legal Name: _____

Mailing Address: _____

Relationship to Me: _____

Social Security Number: _____

Date of Birth: _____

Age: _____ Area Code & Telephone # (____) _____

I hereby designate the following custodian and successor custodian for the recipient, _____, who is under 18 years of age as of the date of this affidavit request:

Name of Custodian: _____

Mailing Address: _____

Relationship to Recipient: _____

Social Security Number: _____

Date of Birth: _____

Age: _____ Area Code & Telephone # (____) _____

Name of Successor Custodian: _____

Mailing Address: _____

Relationship to Recipient: _____

Social Security Number: _____

Date of Birth: _____

Age: _____ Area Code & Telephone # (____) _____

I direct that the custodian or successor custodian transfer the shares to the recipient when the recipient reaches the age of _____ (between 18 & 25).

- 5) I understand that after the transfer is complete I will own only _____ Trust units. Trust beneficiary records will be adjusted to show my gift. I completed a stock will and I understand that the stock will may not be effective, so I need to complete a new stock will.
- 6) I understand that I may not be able to revoke, take back, or otherwise change this gift of Trust units once it has been made.

- 7) I understand that the gift of the Trust units places all authority over and benefits to the Trust units (including transfer by will or by gift and sale, if permitted in the future) in the hands of the recipient. I will no longer receive distributions for the transferred Trust units.
- 8) I understand that the gift of Trust units may result in gift tax or other tax obligations, which could be very large. I may be responsible for those obligations. I cannot compel the recipient of the Trust units to help me avoid or reduce the tax obligations of paying them. I have been advised to consult with tax advisors regarding the tax impact of this gift, and I have done so if I considered it appropriate.
- 9) I represent and affirm that I have not received or been promised any consideration or anything of value in exchange for making this gift. I wish to make this gift exclusively to benefit the recipient and not because of any benefit to me.
- 10) I understand that by signing this Affidavit I am swearing under oath to the best of my knowledge and belief that everything stated in this Affidavit is true, and that I am acting of my own free will and am not under any undue pressure, influence or duress.

SIGNATURE OF DONOR: _____

DATE: _____

SUBSCRIBED AND SWORN to before me this ____ day of _____ 20__

My commission expires: _____

Natives of Kodiak Shareholder Permanent Fund Trust



ACCEPTANCE OF GIFT BY RECIPIENT

THE STATE OF _____)
) ss.
)

[County/Judicial District]

I, _____, being first duly sworn, upon oath, do hereby depose and say:

- a) I am the recipient of the gift. I accept the gift.
- b) I certify that I am a Native or a descendant of a Native, as those terms are defined in Alaska Native Claims Settlement Act.
- c) I certify that the information set forth in the attached family tree form is as accurate as possible, to the best of my knowledge and belief.
- d) I certify the information about myself (and, if appropriate, the custodian and successor custodian) in paragraph 4) above is accurate.
- e) I certify that I have not been given or promised any consideration or anything of value in exchange for the making of this gift.
- f) If I am not presently a beneficiary of the Trust. I will provide to NOK an IRS W-9 form.
- g) I understand that by signing this affidavit I am swearing under oath to the best of my knowledge and belief that everything stated herein is true, and that I, acting of my own free will, am not under any undue pressure, influence or duress.

SIGNATURE OF RECIPIENT: _____ DATE: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20____

My commission expires: _____

Natives of Kodiak Shareholder Permanent Fund Trust

ACCEPTANCE OF GIFT BY SUCCESSOR CUSTODIAN

THE STATE OF _____)
) ss.
)

[County/Judicial District]

I, _____, being first duly sworn, upon oath, do hereby depose and say:

- a) I am the successor custodian for the recipient of the gift. I accept the gift.
- b) I certify that the recipient is a Native or a descendant of a Native, as by the terms defined in the Alaska Native Claims Settlement Act.
- c) I certify that the information set forth in the attached family tree form is as accurate as possible, to the best of my knowledge and belief.
- d) I certify that the information regarding the recipient and myself in paragraph 4) above is accurate.
- e) I certify that I have not given or promised, and I am unaware of any other person having given or promised anything of value in exchange for the making of this gift.
- f) I will provide Natives of Kodiak, Inc. an IRS W-9 form.
- g) I agree that my failure to exercise in writing in January 1 of each year my election to charge reasonable compensation for services performed during that year shall waive any right I may have to charge for service performed. (✓ if appropriate) _____ I waive compensation for expenses incurred and services performed as successor custodian.
- h) I understand that by signing this affidavit I am swearing under oath to the best of my knowledge and belief that everything stated is true and that I am acting of my own free will and am not under any undue pressure, influence or duress.

SIGNATURE OF SUCCESSOR CUSTODIAN: _____

DATE: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20_____

My commission expires: _____

FAMILY TREE

Prepared by: _____
 Date: _____

Father
 Name: _____
 Tribe: _____
 Blood Degree: _____

Grandfather
 Name: _____
 Tribe: _____
 Blood Degree: _____
Grandmother
 Name: _____
 Tribe: _____
 Blood Degree: _____

Great Grandfather
 Name: _____
 Tribe: _____
 Blood Degree: _____
Great Grandmother
 Name: _____
 Tribe: _____
 Blood Degree: _____
Great Grandfather
 Name: _____
 Tribe: _____
 Blood Degree: _____

Recipient
 Name: _____
 Tribe: _____
 Blood Degree: _____

Mother
 Name: _____
 Tribe: _____
 Blood Degree: _____

Grandmother
 Name: _____
 Tribe: _____
 Blood Degree: _____
Grandfather
 Name: _____
 Tribe: _____
 Blood Degree: _____

Great Grandfather
 Name: _____
 Tribe: _____
 Blood Degree: _____
Great Grandmother
 Name: _____
 Tribe: _____
 Blood Degree: _____
Great Grandfather
 Name: _____
 Tribe: _____
 Blood Degree: _____