



# ACCEPTANCE OF SITNASUAK NATIVE CORPORATION STOCK

**Age of Majority**

I, \_\_\_\_\_, being first duly sworn, depose and say:

I understand that I will receive \_\_\_\_\_ share(s) of Stock in Sitnasuak Native Corporation as a gift from \_\_\_\_\_ who is my \_\_\_\_\_ (family relationship).

Full Name:			
Date of Birth:	SSN:	Gender:	
Mailing Address:		Degree of Native Blood:	%
City:	State:	Zip Code:	Phone: (    )
Email:			
Current SNC Shareholder? Yes <input type="checkbox"/> No <input type="checkbox"/>		Enrollment number:	
Are you enrolled in <u>another</u> Regional or Village Corporation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list name(s) of corporation(s):			

- I am a Native or descendant of a Native as defined in the Alaska Native Claims Settlement Act, as amended.
- I have not given nor have I promised to give the Donor or any other person anything of value in return for the gifted shares. I do not know of any other person giving or promising to give the Donor or anyone else anything of value in return for the making of this gift.
- I understand that the receipt of these shares and the receipt of dividends and distributions of these shares may result in tax consequences for me and that SNC will not be responsible for any taxes resulting from the transfer of these shares.
- I understand that once these shares are transferred to my name, I will not be able to give them back to the Donor or give them to anyone except as authorized by the Alaska Native Claims Settlement Act, as amended. I understand that the sale or transfer of these shares is currently prohibited by law.

I swear under oath and certify under penalty of perjury that (1) the information in this document and all other information submitted by me in connection with this gift of shares is true and correct, and (2) that in completing and signing these forms and submitting this information, I am acting freely, voluntarily and without undue pressure, influence or duress.

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

**Notary Public**

The State of: \_\_\_\_\_

County (or Judicial District of): \_\_\_\_\_

Subscribed, sworn to and acknowledged before me by, \_\_\_\_\_,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

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

Notary Public or Postmaster for: \_\_\_\_\_

My commission expires: \_\_\_\_\_