



ACCEPTANCE OF SITNASUAK NATIVE CORPORATION TRUST UNITS (SHARES)

This form is to be filled out and signed by the recipient who has been gifted shares; if the recipient is under the age of majority (under the age of eighteen), the Custodian must fill out the form on behalf of the minor recipient and they will be in charge of the minor's voting, distributions, etc., until the minor turns the age of majority (18).

A person can be a Custodian for multiple minors; however, the chosen Custodian will be one of the following (in order of allowance): a legal parent, a legal guardian, a grandparent. If the Custodian is someone other than the listed person(s), please contact the Shareholder Department. One Custodian is appointed per minor Trust Beneficiary.

As the Trust Beneficiary or Custodian of a Trust Beneficiary, I first being duly sworn dispose and say [please read and initial]:

- ❖ _____ The Recipient is an Alaskan Native, as defined by the Alaska Native Claims Settlement Act, as amended.
- ❖ _____ I have not and no one else to my knowledge has either given or promised the Gifto anything for my receipt (or the minor's receipt) of the Trust Units/Shares.

Giftor Information:

Name of Trust Beneficiary you are Receiving Trust Units From:
The above-named Trust Beneficiary, whom I am receiving trust units, from is my:

Recipient Information:

Recipient's Name:		<input type="checkbox"/> Recipient is under 18 years of age (please see below)	
DOB:	SSN:	Ph #1:	Ph #2:
Mailing Address:		City, State, Zip:	
Email 1:		Email 2:	
Name of Enrolled Tribe:		# of SNC Trust Units (Shares) to be Received:	

Please fill out the section below only if the recipient is a minor, under eighteen years of age

Custodian Information (if the recipient is under eighteen years of age, a Custodian must be appointed):

Custodian's Name:		Relation to Minor Recipient: the Minor's _____	
Mailing Address:		City, State, Zip:	
DOB:	SSN:	Ph #1:	Ph #2:
Email 1:		Email 2:	

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 trust units (shares) is true and correct and 2.) that in completing and signing this form and submitting this information, I am acting freely, voluntarily and without undue pressure.

Signature of Trust Beneficiary or Custodian: _____ Date: _____

NOTARY PUBLIC OR POSTMASTER

The State of: _____

County or Judicial District: _____

Subscribed, sworn to and acknowledged before me by: _____

This _____ day of _____, 20_____

Notary/Postmaster Signature: _____

Notary/Postmaster for: _____

My Commission Expires: _____

(seal)