



GIFT OF SITNASUAK NATIVE CORPORATION TRUST UNITS (SHARES)

This form is to be filled out and signed by the SNC Trust Beneficiary (shareholder) who is gifting the trust units (shares)

A minimum of 2 trust units (shares) must be gifted per recipient, fractional shares are not accepted

As an SNC Trust Beneficiary (Shareholder) you may gift to the following relatives:

(biological/adopted via court or tribal) child, grandchild, great-grandchild, sister, brother, niece, nephew

As the Trust Beneficiary, I first being duly sworn disposed and say [please read and initial]:

- ❖ _____ I hereby affirm that neither myself nor any other person has received anything of value or monetary, nor have I or another person been promised anything of value or monetary in return for transferring the below listed trust units (shares).
- ❖ _____ It is my intent and desire to irrevocably transfer all rights and incidents of ownership of the gifted trust units (shares) to the recipient(s) listed below and to irrevocably vest in the recipient(s) all such rights of ownership. I understand I will no longer receive distributions for these gifted trust units (shares).
- ❖ _____ I understand that the recipient(s) whom I am gifting SNC trust units (shares) to must be Alaskan Native and must be enrolled in a federally recognized Alaskan Native Tribe. Proof of Tribal Enrollment must also be submitted before the transfer can be completed.
- ❖ _____ I understand that the gifting will not be complete until each recipient submits the following documents: **acceptance form** (signed by the recipient if over 18 or signed by the custodian if recipient is under 18), **birth certificate** (if adopted, must include adoption decree and post-adoption birth certificate; pre-adoption birth certificate is required for gifting to an adopted out recipient of the Trust Beneficiary's biological family), **verification of tribal enrollment or BIA enrollment** (card or certificate), **social security card or a tax document** stating the recipient's full SSN (such as a W2). If the custodian is not a parent, legal guardianship documents must be submitted.

Trust Beneficiary Information (person gifting the trust units (shares):

Trust Beneficiary's Name:		SNC Enrollment (optional):	
DOB:	SSN:	Ph #1:	Ph #2:
Mailing Address:		City, State, Zip:	
Email 1:		Email 2:	

Recipient #1 Information:

Recipient #1 Name:		Relationship to Trust Beneficiary: My _____	
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 Transferred:	

If the recipient #1 is under eighteen (18) years of age, a Custodian (a parent or legal guardian) must be appointed, Custodian Information:

If the Custodian is not an SNC Trust Beneficiary, the Custodian must submit a copy of their Driver's License/Identification Card and Social Security Card/SSN Document

Custodian's Name for R1:		Relation to Minor Recipient: the Minor's _____	
Mailing Address:		City, State, Zip:	
DOB:	SSN:	Ph #1:	Ph #2:
Email 1:		Email 2:	

Recipient #2 Information:

Recipient #2 Name:		Relationship to Trust Beneficiary: My _____	
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 Transferred:	

If the recipient #2 is under eighteen (18) years of age, a Custodian (a parent or legal guardian) must be appointed, Custodian Information:

If the Custodian is not an SNC Trust Beneficiary, the Custodian must submit a copy of their Driver's License/Identification Card and Social Security Card/SSN Document

Custodian's Name for R2:		Relation to Minor Recipient: the Minor's _____	
Mailing Address:		City, State, Zip:	
DOB:	SSN:	Ph #1:	Ph #2:
Email 1:		Email 2:	

Recipient #3 Information:

Recipient #3 Name:		Relationship to Trust Beneficiary: My _____	
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 Transferred:	

If the recipient #3 is under eighteen (18) years of age, a Custodian (a parent or legal guardian) must be appointed, Custodian Information:

If the Custodian is not an SNC Trust Beneficiary, the Custodian must submit a copy of their Driver's License/Identification Card and Social Security Card/SSN Document

Custodian's Name for R3:		Relation to Minor Recipient: the Minor's _____	
Mailing Address:		City, State, Zip:	
DOB:	SSN:	Ph #1:	Ph #2:
Email 1:		Email 2:	

Recipient #4 Information:

Recipient #4 Name:		Relationship to Trust Beneficiary: My _____	
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 Transferred:	

If the recipient #4 is under eighteen (18) years of age, a Custodian (a parent or legal guardian) must be appointed, Custodian Information:

If the Custodian is not an SNC Trust Beneficiary, the Custodian must submit a copy of their Driver's License/Identification Card and Social Security Card/SSN Document

Custodian's Name for R4:		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: _____ 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)