



NATIVES OF KODIAK, INC.
Inter Vivos
Gift of Stock Form

A shareholder who is 18 years of age or older may make a gift of shares *only* to a person who is the shareholder's:

- Child
- Grandchild
- Great-Grandchild
- Niece
- Nephew
- Brother
- Sister

- The recipient must be related to the shareholder by birth or adoption.
- Brothers and sisters include half-brothers and half-sisters but *do not include* stepbrothers or stepsisters.
- The gift can only be made if the stock is not under custodianship, guardianship, or court order for divorce or child support.
- Any gift of stock that you make may have tax consequences; therefore, we suggest you seek the advice of a tax accountant or lawyer before making any transfers.
- NOK stock can only be distributed in whole shares; we no longer allow the splitting of shares to less than 1 (one) share. Already fractionalized shares will not be further divided.
- **The entire Gift of Stock application must be returned, including required documentation before the gift transfer can be completed.** The application will be cancelled/voided a year from the date the application was received if entire packet has not yet been received.

DOCUMENT REQUIREMENTS

Each recipient must provide the following documents:

- Acceptance of Gift of Settlement Common Stock (signed & dated in the presence of a notary)
- W-9 Form (Social Security Number Certification)
- Copy of Birth Certificate
- Name Change Documents (if current name is different from birth certificate)

Birth Certificate Requirements

If recipient of shares is:

Child

Grandchild

Then Provide:

Birth certificate of child

Birth certificate of child, and
Birth certificate of grandchild

Great-Grandchild	Birth Certificate of child, and Birth Certificate of grandchild, and Birth certificate of great-grandchild
Adopted child	Adoption Decree OR birth certificate and adopted birth certificate
Brother/sister	Birth certificate of brother/sister
Niece/Nephew	Birth certificate of brother/sister Birth Certificate of niece/nephew

All documents must be returned to:

Natives of Kodiak, Inc.
215 Mission Road, Suite 212
Kodiak, AK 99615

If you have questions we can be reached by phone at (907) 486-3606, toll-free at 800-648-8462, and by email at shareholders@nativesofkodiak.com.

NATIVES OF KODIAK, INC.
GIFT OF SETTLEMENT COMMON STOCK AND ACCEPTANCE

I, _____, am making this Affidavit for the purposes of making
 (Shareholder Gifting Stock)
 an Inter Vivos Gift of Stock pursuant to the provisions of Section 7(i)(i)(c)(iii) of the Alaska Native Claims Settlement Act. I do hereby give, assign, transfer, convey and set over to the descendant(s) I have named herein, stock in Natives of Kodiak, Inc. and/or trust units in the NOK Shareholder Permanent Fund Trust according to the instructions I have provided in this Affidavit.

SHAREHOLDER INFORMATION (Person Gifting Stock)	
<i>Full Name</i>	<i>Shareholder ID Number</i>
<i>Address</i>	<i>Social Security Number</i>
<i>City/State/Zip</i>	<i>Date of Birth</i>
<i>Email</i>	<i>Phone</i>
Number of Recipients I am gifting shares/trust units to: _____	

	Number of Shares/Units Owned Before Gifting	Total Number of Shares/Units I am Gifting	Number of Shares/Units I will Own After this Gift
Natives of Kodiak Shares			
NOK Shareholder Permanent Fund Trust Units			

RECIPIENT INFORMATION		RECIPIENT 1
<i>Full Legal Name</i>	<i>Shareholder ID Number</i>	Number of Shares/Trust Units I am gifting to this Recipient
<i>Address</i>	<i>Social Security Number</i>	Natives of Kodiak Shares:
<i>City/State/Zip</i>	<i>Date of Birth</i>	
<i>Home Phone / Cell Phone</i>		NOK Permanent Fund Trust Units:
Relationship of Recipient: ___ Child ___ Grandchild ___ Great Grandchild ___ Niece to Shareholder: ___ Nephew ___ Brother ___ Sister ___ Half-brother ___ Half-sister		

If Recipient is a minor (under 18 years of age), please designate a custodian:		
<i>Custodian Name</i>	<i>Relationship to Recipient</i>	<i>Shareholder ID # (if a shareholder)</i>
<i>Address</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
<i>City/State/Zip</i>	<i>City/State/Zip</i>	
<i>Phone</i>	<i>Email</i>	

RECIPIENT INFORMATION		RECIPIENT 2
Full Legal Name	Shareholder ID Number	Number of Shares/Trust Units I am gifting to this Recipient
Address	Social Security Number	Natives of Kodiak Shares:
City/State/Zip	Date of Birth	
Email	Home Phone / Cell Phone	NOK Permanent Fund Trust Units:
Relationship of Recipient: ___ Child ___ Grandchild ___ Great Grandchild ___ Niece to Shareholder: ___ Nephew ___ Brother ___ Sister ___ Half-brother ___ Half-sister		

If Recipient is a minor (under 18 years of age), please designate a custodian:		
Custodian Name	Relationship to Recipient	Shareholder ID # (if a shareholder)
Address	Social Security Number	Date of Birth
City/State/Zip	Home Phone	
Email	Cell Phone	

RECIPIENT INFORMATION		RECIPIENT 3
Full Legal Name	Shareholder ID Number	Number of Shares/Trust Units I am gifting to this Recipient
Address	Social Security Number	Natives of Kodiak Shares:
City/State/Zip	Date of Birth	
Email	Home Phone / Cell Phone	NOK Permanent Fund Trust Units:
Relationship of Recipient: ___ Child ___ Grandchild ___ Great Grandchild ___ Niece to Shareholder: ___ Nephew ___ Brother ___ Sister ___ Half-brother ___ Half-sister		

If Recipient is a minor (under 18 years of age), please designate a custodian:		
Custodian Name	Relationship to Recipient	Shareholder ID # (if a shareholder)
Address	Social Security Number	Date of Birth
City/State/Zip	Home Phone	
Email	Cell Phone	

RECIPIENT INFORMATION		RECIPIENT 4
Full Legal Name	Shareholder ID Number	Number of Shares/Trust Units I am gifting to this Recipient
Address	Social Security Number	Natives of Kodiak Shares:
City/State/Zip	Date of Birth	
Email	Home Phone / Cell Phone	NOK Permanent Fund Trust Units:
Relationship of Recipient: ___ Child ___ Grandchild ___ Great Grandchild ___ Niece to Shareholder: ___ Nephew ___ Brother ___ Sister ___ Half-brother ___ Half-sister		

If Recipient is a minor (under 18 years of age), please designate a custodian:		
Custodian Name	Relationship to Recipient	Shareholder ID # (if a shareholder)
Address	Social Security Number	Date of Birth
City/State/Zip	Home Phone	
Email	Cell Phone	

Person Gifting Shares Must Sign This Form in the Presence of a Notary

AFFIDAVIT – SHAREHOLDER/TRUST BENEFICIARY GIFTING STOCK AND NOTARY

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

1. I understand that the Alaska Native claims Settlement Act (43 U.S.C. 1606) permits a shareholder to give a gift of shares to a person who is a Native or a descendant of a Native and is the shareholder’s child, grandchild, great-grandchild, niece, nephew, brother or sister. I will provide such other proof of qualification as Natives of Kodiak, Inc. (NOK) may request.
2. I attest that I am at least 18 years of age.
3. I wish to make a gift of shares to the recipient(s) shown herein.
4. I have designated a custodian for recipients who are minors and I direct that the custodian transfer the shares to the recipient when the recipient reaches the age of 18.
5. I understand that if there are taxes owed as a result of this transfer, Natives of Kodiak, Inc. will not be responsible for payment, and that payment of any such taxes will be either my responsibility as donor or the recipient’s responsibility.
6. I understand that my gift places in the hands of the recipient all authority to transfer these shares by will or gift; that I will no longer have voting rights for these shares; that I will no longer receive dividends, distributions or other benefits for the shares that I am gifting.
7. 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 am acting of my own free will and am not under any undue pressure, influence, or duress.
8. I affirm that I have not received anything of value nor was I promised anything of value as compensation or payment for the stock I wish to transfer.
9. I have read and understand the information provided in this Affidavit.

(Signature of Shareholder Gifting Stock)

DATED this _____ day of _____, _____

STATE OF _____)
) ss:
COUNTY/DISTRICT _____)

THIS IS TO CERTIFY that on this _____ day of _____, _____,

before me, personally appeared _____, to me known and known to
(Shareholder Gifting Stock)

me to be the identical individual described in and who executed the within and foregoing instrument, and acknowledged to me that he/she had executed the same freely and voluntarily for the uses and purposes therein mentioned.

WITNESS my hand and notary seal on the date and year last above written.

Notary Public in and for the State of _____
My Commission Expires: _____

