

BERING STRAITS NATIVE CORPORATION

Acceptance of Inter Vivos Gift of Stock

Age of Majority (18 yrs or older)

I, _____, being first duly sworn, depose and say:

I understand that I will receive _____share(s) of Stock in Bering Straits Native Corporation as a gift from _____ who is my _____ (family relationship).

| | | | |
|--|---------|------------------------------------|-------|
| My Name: | | Social Security Number: | |
| Date of Birth: | Gender: | Percentage Degree of Native Blood: | |
| Complete Mailing Address: | | | |
| I am already a shareholder of BSNC: | | [NO] | [YES] |
| [NO] I am not a shareholder in another Regional or Village Corporation | | | |
| [YES] I am a shareholder in another Regional or Village Corporation, 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 BSNC 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.

Dated: _____ at Location (city,state): _____

Signed: _____

Subscribed and sworn to before me this _____ Day of _____ 20_____

Notary/Postmaster Stamp

Notary/postmaster

Signature: _____

Notary public/Postmaster for state of: _____

My commission expires: _____