

# BERING STRAITS NATIVE CORPORATION

## Inter Vivos Gift of Shares Affidavit

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

Full Name:		Enrollment Number:	
Date of Birth:	Social Security Number:		
Complete Mailing Address:			
City:	State:	Zip Code:	Phone: ( )

- I own \_\_\_\_\_ shares of Bering Straits Native Corporation and am 18 years or older.
- I understand that Guardians, Custodians, or Power of Attorneys are not eligible to gift shares on behalf of the shareholders
- I understand that under the Alaska Native Claims Settlement Act, as amended (43 U.S.C. 1601 et. seq.) I may only gift shares to my child, grandchild, great-grandchild, niece, nephew, brother, or sister who is related to me by blood or adoption and who is also a Native or descendent of a Native.
- **Proof of family relationship:** Complete attachment **A Family Tree** for gift to child, niece, nephew, siblings, grandchild, great-grandchild. Also complete attachment **B Family Tree** for gift to niece, nephew, siblings. Signed and dated Family Tree A and or B must accompany this form.
- I understand that if any taxes are owed as a result of this gift, BSNC will not be responsible for its payment.
- Neither myself nor any other person has received anything of value nor have I or any other person been promised anything of value in return for transferring my shares.
- It is my intent and desire to irrevocably transfer all rights and incidents of ownership of the gifted shares to the recipient and to irrevocably vest in the recipient all such rights of ownership. I understand I will no longer receive dividends or distributions for these shares.
- I understand that once this gift is completed on the stock records of BSNC I will not be able to revoke or reverse it and that the recipient will not be able to give the gifted shares back to me.

I wish to make a gift of my Bering Straits Native Corporation (BSNC) shares to the recipient(s) listed below and I understand that I cannot create fractional shares in making a gift.

<b>1.</b> Recipients Name: _____ Relationship to Donor: _____ DOB: _____ Social Security Number: _____ Degree of Native Blood _____ % Mailing Address: _____ _____ Phone Number: _____ *Custodian Name: _____ *Custodian's Address _____  Number of <u>BSNC Region Shares</u> to be gifted: _____
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2.

Recipients Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Degree of Native Blood \_\_\_\_\_ %  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ \*Custodian Name: \_\_\_\_\_  
 \*Custodian's Address \_\_\_\_\_  
 Number of BSNC Region Shares to be gifted: \_\_\_\_\_

3.

Recipients Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Degree of Native Blood \_\_\_\_\_ %  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ \*Custodian Name: \_\_\_\_\_  
 \*Custodian's Address \_\_\_\_\_  
 Number of BSNC Region Shares to be gifted: \_\_\_\_\_

4.

Recipients Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Degree of Native Blood \_\_\_\_\_ %  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ \*Custodian Name: \_\_\_\_\_  
 \*Custodian's Address \_\_\_\_\_  
 Number of BSNC Region Shares to be gifted: \_\_\_\_\_

**\*If recipient is a minor, list the name and address of the designated custodian.**

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: \_\_\_\_\_