



CUSTODIAN’S CONSENT TO APPOINTMENT

I, _____ (Custodian Full Name), whose date of birth is _____ (Custodian’s DOB) and whose SSN is _____ (Custodian’s SSN), consent to act as custodian for _____ (Minor Child’s Full Name), born _____ (DOB) and whose SSN is _____ (Minor Child’s SSN), a minor under the age of 18 years, for the limited purposes of stock issuance, voting shares, and receiving dividends and distributions by Bering Straits Native Corporation (BSNC), the Beringia Settlement Trust, and/or village corporations or their settlement trusts in the Bering Strait region under the terms of the Alaska Native Claims Settlement Act. I have authority to act as a custodian for the above-named minor because I am over the age of 18 and:

- I am the sole legal guardian of the minor (you must provide copy of a court decree/order).
- I am the parent (if the other parent is alive, you must have him/her fill out Page 2 and submit with this form; if the other parent is deceased, you must include a death certificate).
- I am an adult member of minor’s family (grandparent, brother, sister, uncle, aunt, or adult member of the family with whom the minor has customarily lived; please attach an explanation as to why neither of the parents or any legal guardian are able to serve as the stock custodian).
- I was appointed as custodian via a will or an inter vivos gifting form by the person making the transfer of stock.
- Other: _____

I agree to comply with the laws of the State of Alaska, including the Uniform Transfer to Minors Act and the Bylaws of BSNC regarding voting shares for a minor as a stock custodian. I also agree to: (i) keep the minor’s dividends or distributions separate and distinct from all other property in a manner sufficient to identify the money clearly as the custodial property of the minor, (ii) keep records of all transactions with respect to the minor’s dividends or distributions and make these records available for inspection at reasonable intervals by a parent or legal representative of the minor, or by the minor if the minor has attained the age of 14 years, (iii) and hold or only use the minor’s money for the minor’s benefit.

I certify and affirm that there is either no other person who has priority over me, or I have obtained consent (Page 2) by the other living parent with joint custody for me to assume the responsibilities of sole custodian for the limited purposes set forth above. I will faithfully serve as custodian until the minor becomes 18 years of age or until I am legally replaced by another as lawful custodian.

Date

Custodian’s Signature

Phone

Mailing Address

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

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



NON-CUSTODIAN'S CONSENT FOR APPOINTMENT OF CUSTODIAN

I, _____ (Full Name), being duly sworn, hereby consent to the appointment of _____ (Custodian's Full Name) as sole custodian for _____ (Minor Child), born _____ (DOB), my minor child under the age of 18 years, for the limited purposes of stock issuance, voting shares, and receiving dividends and distributions by Bering Straits Native Corporation (BSNC), the Beringia Settlement Trust, and/or village corporations or their settlement trusts in the Bering Strait region under the terms of the Alaska Native Claims Settlement Act.

I understand that the above-named custodian will be permitted to vote the minor's shares at shareholder meetings and will receive the minor's dividends and distributions from BSNC, the Beringia Settlement Trust, and/or village corporations or their settlement trusts in the Bering Strait region under the terms of the Alaska Native Claims Settlement Act. I also understand that the above-named custodian will remain the custodian until my minor child turns eighteen (18), or until (i) a new, valid custodian form is submitted; or (ii) a court order is issued superseding this appointment, whichever is sooner.

Date

Non-Custodian's Signature

Phone

Mailing Address

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

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