

## GIFT OF SITNASUAK NATIVE CORPORATION STOCK

<b>l</b> ,	, being fi	rst duly sworn,	depo	se and say:			
Full Name:				Enrollment Number:			
Date of Birth:			SSN:				
Mailing Address:			1				
City:	State:	Zip Code:		Phone: (	)		
Email:							
I own shares of Sitnasuak Native Corporation stock I am 18 years or older Yes No							
<ul> <li>I hereby affirm that 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. Yes  No </li> <li>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.</li> <li>I understand that I cannot create fractional shares in making a gift. Yes  No </li> <li>I wish to make a gift of my Sitnasuak Native Corporation (SNC) shares to the recipient listed below.</li> </ul>							
Recipients Name:				Relationship to Donor:			
•					Keiai	•	
Date of Birth:		SSN:		<u> </u>		Degree of Native Blood: %	
Mailing Address:				Phone: (	)		
City: State: Zip Code:					Number of Shares for Transfer:		
Email:							
*Custodian Name & Relation:				Custodian SSN:			
*Custodian Address:							
*To be filled out if recipient is under 18 years of age.  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.							
Signature:							
Notary Public The State of: County (or Judicial District of):	knowledged	l before me by,					
Signature:							
					y Public or Postmaster for:		
(Seal) My co					ommission expires:		