

**QUESTIONNAIRE**  
**CANDIDATES For BOARD Vacancy**

**Deadline 4:30 p.m. AKDT, January 13, 2023**

Thank you for your interest in filling a vacancy on the Sitnasuak Native Corporation (SNC) Board of Directors. The Board intends to appoint a qualified applicant who timely submits (1) a letter of interest, and (2) the questionnaire contained in this packet. The purpose of the information requested in this packet is to assist the Board in evaluating the potential board member. Also, in the event you are selected to serve as a director, the information may be published in a disclosure or proxy statement distributed to all SNC shareholders. SNC's Board-solicited proxy statements are governed by corporation rules and by state regulations, which require disclosure of certain information about directors, nominees, and officers, and their relationship(s) with SNC and its subsidiaries and business partners. Accordingly, SNC reserves the right, in its discretion, to request additional information and/or conduct a background check on all candidates. Information disclosed in this questionnaire will not necessarily be disclosed in the proxy material distributed to shareholders. Nevertheless, complete and accurate answers to the questions below are necessary so that the necessary disclosures can be made.

If you have any questions about this questionnaire, you may contact Holly Poydack at 907-929-7000. If you have any questions about the state proxy regulations, you may contact your attorney or a securities examiner for the State of Alaska, Division of Banking, Securities and Corporations, P.O. Box 110807, Juneau, Alaska 99811, telephone no. (888) 925-2521.

A completed questionnaire should be signed, dated, and notarized, and is due in the SNC office in Nome or Anchorage by **4:30 p.m., January 13, 2023.**

Nome Office

PO Box 905, Nome, AK 99752  
Phone: 907-387-1200, Fax: 907-443-6437  
Email: [candidate@snc.org](mailto:candidate@snc.org)

Anchorage Office

2700 Gambell Street, Ste. 300, Anchorage, AK 99502  
Phone: 907-929-7000, Fax: 907-443-6437  
Email: [candidate@snc.org](mailto:candidate@snc.org)

Please include additional pages to answer each question if necessary.

1. Your name as it appears on SNC's shareholder records: \_\_\_\_\_

2. Your name as you want it to appear in any proxy statement and disclosure materials:

\_\_\_\_\_

3. Age: \_\_\_\_\_ 4. State & City of Residence: \_\_\_\_\_

5. Alaska Native Corporations you are enrolled in: \_\_\_\_\_

\_\_\_\_\_

6. Contact Information [For SNC's Use Only]

Phone H: \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**I understand and agree that SNC may contact me at the phone or email address listed above any time before the deadline or board appointment, and request that I supplement or clarify my disclosures via email. I understand and agree that I may be removed from consideration if I fail to respond by the deadline stated in the email.** Initials: \_\_\_\_\_

**For the following questions, if none, please indicate "none".**

7. List all offices and positions you have **previously** held with SNC, its subsidiaries, or affiliates and the periods for which you served:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List all positions or offices that you **currently** hold in SNC, including any of its affiliates, subsidiaries, or committees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If you are currently, or have ever served as, a director of SNC, then please list the dates of each term served as a director in the table below:

Term #	Start Date	End Date

10. Please list all directors, candidates, officers, or employees of SNC or any of SNC's subsidiaries to whom you are **related** by blood or adoption as a spouse, parent, child, or siblings:

Name of person	SNC or SNC Subsidiary Position	Relationship to You

11. Please list your business experience during the last five years, including your principal employment or occupation, your current employer, and any other directorships or officer positions with other entities, beginning with the most recent:

Note: You must use the full legal name of the employer/entity. NO ABBREVIATIONS ARE PERMITTED. You must complete this section in full. You may attach additional sheets as necessary, but SNC does NOT accept resumes in lieu of this section. Failure to complete this section in full may result in the rejection of your application.

Description of Business Experience or Title During the Last 5-Years	Name of Employer or Entity	Dates of Service

Please note that this section only includes your experience for the past five years. If you would like to ensure that the board is aware of business experience older than five years, then please include those details in your candidate statement.

12. Please list only **current and active** memberships or affiliations with other organizations:

Full Legal Name of Organization	Description: Type of Membership/Affiliation

Please note that some of your memberships and affiliations listed above may not constitute a disclosure required by law and thus may not be included in any proxy statement or disclosures. If you want to ensure that the board is aware of all your memberships and affiliations, then please provide these details in your candidate statement.

13. Have you been subject to any of the following events in the last 10 years:

a. Voluntary or involuntary petition under any bankruptcy or insolvency laws: ( ) yes ( ) no

b. Appointment of a receiver: ( ) yes ( ) no

c. Pending criminal proceedings, except traffic violations or other minor offenses: ( ) yes ( ) no

d. Conviction or plea of no contest (nolo contendere) in a criminal proceeding, except traffic violations or other minor offenses: ( ) yes ( ) no

e. The entry of any final judgment, order, or decree, not subsequently reversed or vacated, that you engaged in unethical or illegal business practices, violated fiduciary duties, or violated securities laws: ( ) yes ( ) no

If you have answered yes to any of the above, please describe:

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14. a. Please list 2022 to current employers for yourself and family members. Family means your spouse, parents, children, or siblings, by blood or adoption.

<b>Name</b>	<b>Relationship</b>	<b>2022 Current Employer(s)</b>
	Self	
	Spouse	
	Parents	
	Children	
	Siblings	

b. **Since January 1, 2022**, were there financial transactions which in the aggregate exceeded \$20,000 between SNC or one of its subsidiaries and you, a member of your family, or an entity where you or a member of your family is employed by, is an officer or director of, or owns, directly or indirectly, an interest in the entity?

Family means your spouse, parents, children, or siblings, by blood or adoption.

yes  no

If yes, please describe the transactions:

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c. Are there any **presently proposed** financial transactions which in the aggregate exceed \$20,000 between SNC or one of its subsidiaries and you, a member of your family, or an entity where you or a member of your family is employed by, is an officer or director of, or owns, directly or indirectly, an interest in the entity?

Family means your spouse, parents, children, or siblings, by blood or adoption.

yes  no

If yes, please describe the transactions:

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15. Please give a brief description of any legal proceeding during the last ten years to which you, or any person or business you are associated with, were a party with an interest adverse to SNC or its subsidiaries. (If none, please indicate "none").

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16. Are there any other disclosures you wish to be considered?

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I hereby declare that the foregoing information provided by me, as well as any information provided in my candidate statement, is true and correct to the best of my knowledge and belief, that I have made every effort to ensure the accuracy of every fact stated herein, and the information does not contain a false or misleading statement or omission of a material statement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_