



ANCHORAGE OFFICE  
101 W BENSON BLVD SUITE 202  
ANCHORAGE AK 99503

## GIFT OF STOCK (INTER VIVOS) Instructions for Recipient

Complete and submit the following:

### Acceptance of Gift of Settlement Common Stock

- Print your full name.
- Circle whether you are the *Recipient* or the *Custodian*.
- Indicate the number of shares and class of stock that you agree to receive.
- Read, sign and date (in presence of a Notary).
- If recipient is a minor, then provide information of the Custodian or Guardian.

### Shareholder Record Information Form

- Print your full name.
- Circle whether you are the *Recipient* or the *Custodian*.
  - If Custodian, enter name of minor receiving the shares.
- Enter social security number
- Indicate if you are/are not subject to backup withholding with a check mark
- Read, sign and date.

### **Additional Requirements:**

- Submit **your (certified) Birth Certificate**, to show proof of descendency from a voting Shareholder.
- Submit **legal document** authorizing the change of name (marriage certificate, divorce decree, etc.), if current name is different from the birth certificate.
- Each recipient must provide the following:
  - **Acceptance: Gift of Settlement Common Stock** (date and sign in the presence of a notary),
  - **Shareholder Record Information Form**, and
  - **W-9 IRS Form**.



907-222-6900



907-222-6955



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# LEISNOI

INCORPORATED

## SHAREHOLDER RECORD INFORMATION FORM

ANCHORAGE OFFICE  
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ANCHORAGE AK 99503

### 1. SHAREHOLDER'S INFORMATION

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

HOME#: \_\_\_\_\_ CELL#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Custodian's Name: \_\_\_\_\_  
(If a minor) Reminder: Submit Consent to Appoint

2. I am: (check all that apply) Head of Household:  Yes  No  Male  Female
- Alaska Native (1/4 blood quantum)  Descendant of an Alaska Native  Non-Native
- Current Leisnoi Shareholder  Enrolled in another Alaska Native Corporation

Name(s) of Corporation(s): \_\_\_\_\_

3. I am a: (check one)  RECIPIENT  CUSTODIAN (of a minor child)

4. I certify that I: (check all that apply)

am subject to backup withholding

am **not** subject to backup withholding because:

I (or the above-named child/ward) have not been notified that I am subject to backup withholding by the Internal Revenue Service as a result of a failure to report all interest or dividends.

The Internal Revenue Service has notified me that I am, or the above-named child/ward is no longer subject to backup withholding.

5. Would you like to receive?

Electronic updates (text/automated phone messaging)  Shareholder Newsletter via email

### 6. NEXT OF KIN'S INFORMATION

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  Male  Female

HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_ CELL#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_



Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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