



Seldovia Native Association, Inc.

CONSENT TO APPOINTMENT AS CUSTODIAN OF SHARES OF STOCK IN SELDOVIA NATIVE ASSOCIATION, INC. FOR MINOR CHILD AS 45.60.016

I, \_\_\_\_\_, being duly sworn, (CUSTODIAN: Print Your First, Middle, and Last Name) certify and affirm that my Social Security number is \_\_\_\_/\_\_\_\_/\_\_\_\_, and that I am the, 1. Legal Guardian, 2. Parent, or 3. Adult, family member, (choose one) ( ) Grandparent, ( ) Brother, ( ) Sister, ( ) Uncle, ( ) Aunt ( ) Member of the family with whom minor has customarily lived, of \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, who is Child's Name-Print First Middle Last Name a [ ] Male [ ] Female, and whose birth date is \_\_\_\_/\_\_\_\_/\_\_\_\_ and whose social security number is \_\_\_\_/\_\_\_\_/\_\_\_\_, a minor under the age of eighteen (18), and that I accept appointment as custodian under the Alaska Uniform Gifts to Minors Act, AS 45.60. of the shares of stock in Seldovia Native Association, Inc. to be issued to said minor.

In accordance with the Alaska Uniform Transfers to Minors Act (AUTMA), I further certify and affirm that there is no other person who has priority over me as custodian or guardian who will or is able to accept appointment, and that I am duly qualified and able to accept said appointment.

I swear that I will manage the minors stock and any monies derived from the stock in conformity with the provisions of the Alaska Statutes governing such custodianships, including those provisions related to care of custodial property and recordkeeping requirements, and in a manner directly contributing to the benefit of the minor. I agree to provide written authorization to SNAI of any changes which may affect the Minor's SNAI stock records, such as address and name changes.

I acknowledge having received, read, and understood Alaska Statutes 13.46.085 and 13.46.110, which are sections of AUTMA that address the appointment, powers, and duties of custodians for minors.

Custodian Must Sign in the Presence of a Notary Public

DATED at \_\_\_\_\_, this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

STATE OF \_\_\_\_\_ ) CUSTODIAN'S FULL LEGAL SIGNATURE ) ss. ) County/District \_\_\_\_\_ )

THIS IS TO CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of Alaska, duly commissioned and sworn as such, personally appeared \_\_\_\_\_ known to me to be the individual named in and who executed the within instrument, and he/she acknowledged to me that he/she signed and sealed the same freely and voluntarily for uses and purposes therein mentioned.

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

Notary SEAL Notary's Signature Notary Public in \_\_\_\_\_ and for the state of: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



Seldovia Native Association, Inc.

CONSENT TO APPOINTMENT AS CUSTODIAN OF SHARES OF STOCK IN SELDOVIA NATIVE ASSOCIATION, INC. FOR MINOR CHILD AS 45.60.016

CUSTODIAN OF SHARES For A Minor -- You Must COMPLETE THE FOLLOWING:

Custodians full legal Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: [ ] Male [ ] female

Custodian's

eMail Address: \_\_\_\_\_ @ \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Call-in Password \_\_\_\_\_ For address change & information

Are you an SNAI Shareholder? [ ] Yes [ ] No

Are you a shareholder in any other regional Native Corporation (s)? [ ] Yes [ ] No

If Yes, name (s) of corporation (s): \_\_\_\_\_

\_\_\_\_\_

All Shareholder mail will be sent to the address you have indicated on this affidavit and can only be changed upon written notice or use of your call-in password

CUSTODIAN OF SHARES For A Minor -- You Must COMPLETE THE FOLLOWING:

Minors Full Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SEX: [ ] Male [ ] female Degree of Native Blood \_\_\_\_%

Is Minor currently an SNAI Shareholder? [ ] Yes [ ] No

Is Minor a shareholder in any other Native Regional Corporation? [ ] Yes [ ] No

Names of Corporation's: \_\_\_\_\_

Would Minor like to receive quarterly newsletters by email address [ ] Yes [ ] No

All Shareholder mail will be sent to the address you have indicated on this affidavit and can only be changed upon written notice or use of your call-in password

