

Olgoonik Corporation ("OC") is proud to offer enrollment to missed enrollees and to certain lineal descendants of original OC shareholders.

1. An individual is eligible to receive Class B stock as a missed enrollee if:
  - He or she is Native (as defined in ANCSA); and
  - He or she was eligible to enroll in OC as an original shareholder pursuant to Section 5 of ANCSA but missed the deadline to enroll in the Corporation.
2. An individual is also eligible to receive Class B stock if:
  - He or she is Native (as defined in ANCSA); and
  - He or she is born after December 18, 1971; and
  - He or she is a citizen of the United States; and
  - He or she is a lineal descendant of at least one person who is or was an original enrollee of OC and received Class A stock pursuant to Section 5 of ANCSA. A person who is Native (as defined in ANCSA) and who has been legally adopted is a lineal descendant of both his or her biological parents and his or her adoptive parents; and
  - He or she has never been enrolled as a shareholder in any other urban, group, or village corporation organized pursuant to ANCSA, except because of inheriting or receiving a gift of shares of another such corporation. This means that an individual is not eligible to receive Class B stock if they have submitted an application for enrollment in another urban, group, or village corporation organized pursuant to ANCSA, even if they that individual has disenrolled from that urban, group, or village corporation.
3. Grandparents may apply for their minor grandchildren but must provide proof of their responsibility for the child, such as affidavits from a tribal government or a guardianship order issued by a state court.
4. A State agency may apply for a minor in State custody if the parental rights of both parents have been terminated.
5. Legal guardians may apply on behalf of their wards if the legal guardian submits evidence documenting their legal status as guardian.

**OC WILL NOT PROCESS A CLASS B ENROLLMENT APPLICATION UNTIL THE APPLICANT SUBMITS ALL OF THE REQUIRED **COMPLETED** FORMS AND DOCUMENTS.**

**PLEASE ENCLOSE THE FOLLOWING COMPLETED FORMS AND DOCUMENTS WITH THE APPLICATION:**

- Completed Application for Enrollment as Class B Shareholder **[Form No. 2]**;
- Completed Biological Family Tree Form **[Form No. 3]** documenting the applicant's blood quantum and status as a lineal descendant of an original OC shareholder;
- Completed Adoptive Family Tree Form **[Form No. 4]** (if applicant has been adopted);
- Completed Custodial Consent Form **[Form No. 5]** (if applicant is a minor);
- Completed Designation of Successor Custodian for Minor Shareholder Form **[Form No. 23]** (if applicant is a minor);
- Signed Authorization to Release Information; **and**
- Photocopy of the applicant's Social Security card or other proof of social security number;
- Photocopy of the applicant's certified Birth Certificate;
- Photocopies of the applicant's BIA and/or Regional Corporation ID cards, documenting the required blood quantum;
- Photocopies of a court-approved Adoption Decree or Tribal Resolution recognizing a cultural adoption (if applicant has been adopted);
- Photocopies of documents confirming the applicant's legal Name Change (if applicant's name has been changed); **and**
- If necessary, copies of applicable court order(s) or decrees documenting the authority of the person submitting the application to do so on behalf of the applicant (if the person submitting the application is not the applicant).

**OC KEEPS ALL INFORMATION AND DOCUMENTATION PROVIDED BY THE APPLICANT CONFIDENTIAL.**

As soon as OC Stock Department receives completed forms and all of the required documents, it will process the enrollment application. Once the enrollment application is processed, it will be presented to the Heirship Committee for review and decision.

The OC Stock Department will notify all applicants in writing if further information or documentation is required; if the application has been approved; and/or if the application has been denied. If an application is denied, OC will provide the applicant with an explanation of the appeals process.

If you have any questions or if you need assistance completing your Class B application, please contact us at the phone number or e-mail address listed below, or by calling the OC Stock Department directly at (907) 763-2989.



## OLGOONIK CORPORATION APPLICATION FOR ENROLLMENT AS CLASS B SHAREHOLDER

**\*\*IF APPLICANT IS UNDER THE AGE OF 18, A PARENT OR  
GUARDIAN MUST COMPLETE THE APPLICATION\*\***

APPLICANT'S LAST NAME        
FIRST NAME        
MIDDLE NAME

APPLICANT'S MAILING ADDRESS *P.O. Box / Street & Unit*        
CITY, STATE, ZIP CODE

**APPLICANT'S CONTACT INFORMATION:**

WORK PHONE        
HOME/CELL PHONE        
EMAIL ADDRESS

**Preferred way for OC to contact Applicant:**

**GENDER:**

Male        
 Female        
DATE OF BIRTH      SOCIAL SECURITY NO.

**APPLICANT'S MAIDEN NAME (IF APPLICABLE):**   
Please provide proof of name change, i.e.,  
copy of marriage certificate/divorce decree

APPLICANT'S PARENTS/GUARDIANS        
MOTHER'S MAIDEN NAME (IF DIFFERENT FROM ABOVE)

**List Blood Quantum:**   
APPLICANT        
APPLICANT'S MOTHER        
APPLICANT'S FATHER

**Does Applicant own stock in another ANCSA village corporation?**       Yes       No

**If yes, Which ANCSA village corporation?**

**if yes, How did Applicant obtain their stock? (check one):**

As an inter vivos gift       Through inheritance       By applying for enrollment

**Applicant's form of proof of U.S. Citizenship submitted with the Application (check one):**

Birth Certificate

U.S. Passport

Other:

**Was the applicant adopted?**

Yes

No

**If Yes, indicate whether the adoption was through a Tribe / Tribal Court or State court:**

Tribe/Tribal Court

State Court

If the Applicant was adopted, please provide copies of a Tribal Resolution or Tribal Court Order or a Final Adoption Decree, AND please complete both the Biological Family Tree Form [Form No. 3] AND the Adoptive Family Tree Form [Form No. 4].

**If the Applicant is an adult and is applying on behalf of themselves, please read and sign the following:**

I certify that I have not enrolled as a shareholder in any other village, urban, or group corporation, and, provided the requirements set forth by Olgoonik Corporation are met, am eligible to apply to receive Class B Stock. I further certify that the information given in this application is true and complete to the best of my knowledge and belief. I understand that any false or misleading statement made in this application may be grounds for OC to deny this application.

NAME OF APPLICANT

DATE

**If the applicant is a minor or is an adult under a court-ordered guardianship, the parent/guardian of the minor or the guardian of the adult completing and submitting the application must read and sign the following:**

I certify that the Applicant has not enrolled as a shareholder in any other village, urban, or group corporation and, provided the requirements set forth by the Corporation are met, is free to apply to receive Class B stock. I further certify that the information given in this application is true and complete to the best of my knowledge and belief. I understand that any false or misleading statement made in this application may be grounds for OC to deny this application.

PARENT/GUARDIAN

DATE

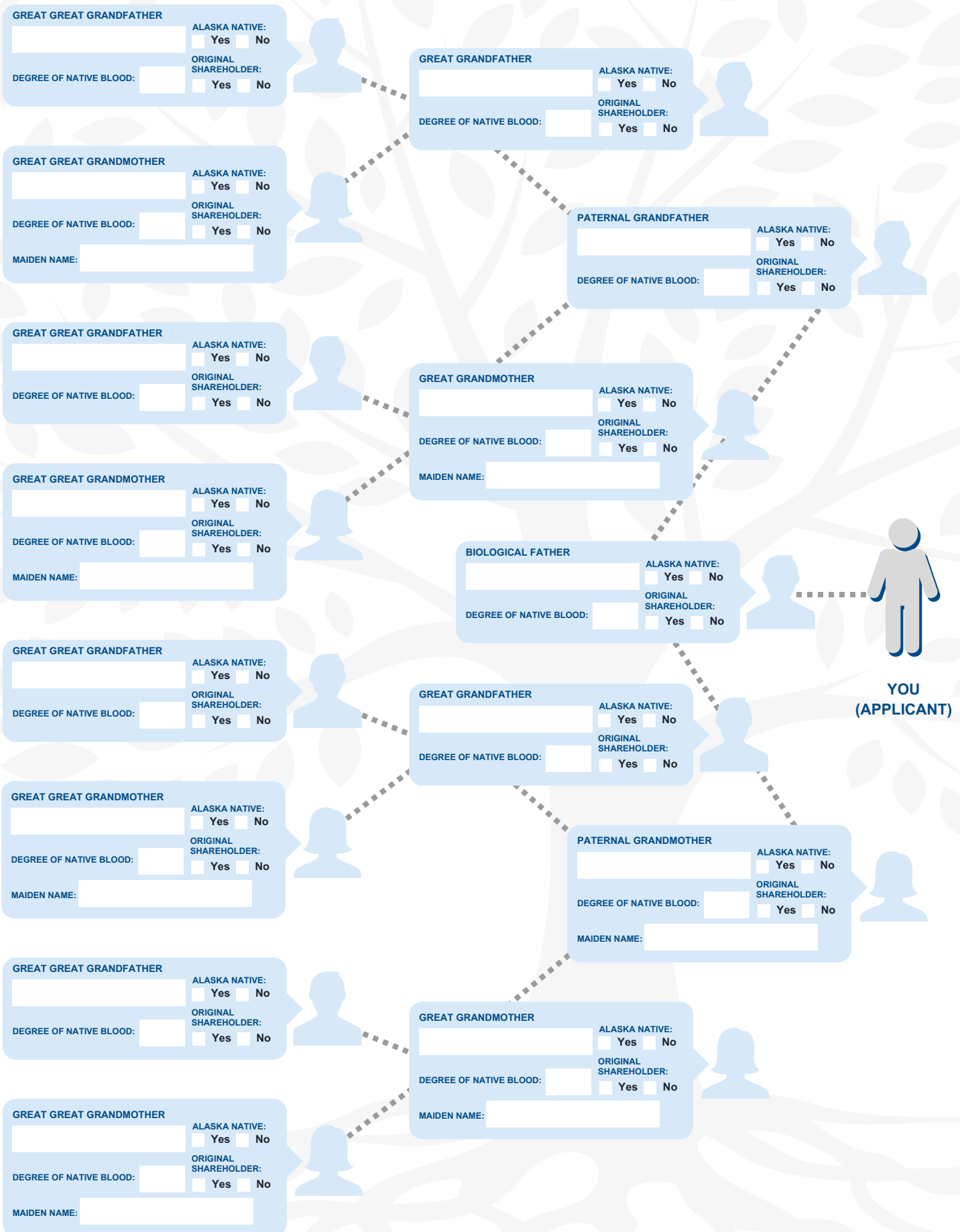
NAME OF APPLICANT

APPLICANT:

ALASKA NATIVE

DEGREE OF NATIVE BLOOD:

Yes  No



**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**PATERNAL GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**BIOLOGICAL MOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**YOU**  
**(APPLICANT)**

**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**PATERNAL GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

**GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:

**ADOPTIVE GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

**GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:

**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:

**ADOPTIVE FATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

**GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:

**ADOPTIVE GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:

**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

**GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:

**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  
 Yes  No

ORIGINAL SHAREHOLDER:  
 Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**YOU**  
**(APPLICANT)**



**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GRANDFATHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**ADOPTIVE GRANDFATHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GRANDMOTHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**ADOPTIVE MOTHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**YOU  
(APPLICANT)**

**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GRANDFATHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**ADOPTIVE GRANDMOTHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**GREAT GREAT GRANDFATHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:



**GREAT GRANDMOTHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:



**GREAT GREAT GRANDMOTHER**

ALASKA NATIVE:  Yes  No

ORIGINAL SHAREHOLDER:  Yes  No

DEGREE OF NATIVE BLOOD:

MAIDEN NAME:





## OLGOONIK CORPORATION CUSTODIAN'S CONSENT TO APPOINTMENT

### 1. MINOR'S INFORMATION

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NAME                 | DATE OF BIRTH        | SOCIAL SECURITY NO.  |

### 2. CUSTODIAN'S INFORMATION

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FULL LEGAL NAME      | DATE OF BIRTH        | SOCIAL SECURITY NO.  |

|   |                       |
|---|-----------------------|
| <input type="text"/>                                | <input type="text"/>  |
| MAILING ADDRESS <i>P.O. Box / Street &amp; Unit</i> | CITY, STATE, ZIP CODE |

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| PHONE NUMBER         | EMAIL ADDRESS        |

Olgoonik Corporation shareholder:  Yes  No

Relationship to Minor (check one):

Legal Guardian   
  Aunt   
  Parent   
  Uncle  
 Grandparent   
  Sibling   
  Other:

### 2. CUSTODIAN'S CERTIFICATION

I,  hereby certify and state that I am over the age of 18; that I understand that under ANCSA and the Alaska Uniform Transfers to Minors Act, any OC stock a minor receives must be held by a custodian until the minor reaches the age of 18; that I have read and understand the rights and duties of a custodian described on page 2 of this form, and that I agree to perform those duties and be bound by AS 13.46.085 and AS 13.46.110; that I hereby consent to act as a custodian for the above named minor with respect to their shares of OC stock.

|                       |                      |
|-----------------------|----------------------|
| <input type="text"/>  | <input type="text"/> |
| CUSTODIAN'S SIGNATURE | DATE                 |

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

My commission expires: \_\_\_\_\_

**WEST'S ALASKA STATUTES**  
**TITLE 13. DECEDENTS' ESTATES, GUARDIANSHIPS, TRANSFERS, AND TRUSTS**  
**CHAPTER 46. ALASKA UNIFORM TRANSFERS TO MINORS ACT**

**§ 13.46.110. Care of custodial property**

- a. A custodian shall
1. take control of custodial property;
  2. register or record title to custodial property if appropriate; and
  3. collect, hold, manage, invest, and reinvest custodial property.
- b. In dealing with custodial property, a custodian shall observe the standard of care that would be observed by a prudent person dealing with property of another and is not limited by any other statute, except AS 13.90.010, restricting investments by fiduciaries. If a custodian has a special skill or expertise or is named custodian on the basis of representations of a special skill or expertise, the custodian shall use that skill or expertise. However, a custodian, in the custodian's discretion and without liability to the minor or the minor's estate, may retain custodial property received from a transferor.
- c. A custodian may invest in or pay premiums on life insurance or endowment policies on
1. the life of the minor only if the minor or the minor's estate is the sole beneficiary; or
  2. the life of another person in whom the minor has an insurable interest only to the extent that the minor, the minor's estate, or the custodian in the capacity of custodian, is the irrevocable beneficiary.
- d. A custodian at all times shall keep custodial property separate and distinct from all other property in a manner sufficient to identify it clearly as custodial property of the minor. Custodial property consisting of an undivided interest is so identified if the minor's interest is held as a tenant in common and is fixed. Custodial property subject to recordation is so identified if it is recorded, and custodial property subject to registration is so identified if it is either registered, or held in an account designated, in the name of the custodian, followed in substance by the words: "as a custodian for [REDACTED] (name of minor) under the Alaska Uniform Transfers to Minors Act."
- e. A custodian shall keep records of all transactions with respect to custodial property, including information necessary for the preparation of the minor's tax returns, and shall make them 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.

**DESIGNATION OF SUCCESSOR CUSTODIANS FOR MINOR SHAREHOLDERS**

I, , do hereby state that I am the current custodian of the following minor shareholder(s):

| NAME(S) OF MINOR WARDS | DATE OF BIRTH OR OC ID NUMBER(S) |
|------------------------|----------------------------------|
| <input type="text"/>   | <input type="text"/>             |
| <input type="text"/>   | <input type="text"/>             |
| <input type="text"/>   | <input type="text"/>             |
| <input type="text"/>   | <input type="text"/>             |

Upon my incapacity, death, or ineligibility to serve as a custodian, I hereby appoint the following to serve as custodian of the above minor shareholder(s):

|  |   |
|--|---|
| <input type="text"/>                         | <input type="text"/>                        |
| <b>NAME OF APPOINTED SUCCESSOR CUSTODIAN</b> | <b>CUSTODIAN'S RELATIONSHIP TO MINOR(S)</b> |

Must be 18 years or older.

If the above-listed person dies, becomes incapacitated, ineligible, or unwilling to serve as custodian, I hereby appoint the following to serve as custodian of the above minor shareholder(s):

|  |   |
|--|---|
| <input type="text"/>                         | <input type="text"/>                        |
| <b>NAME OF APPOINTED SUCCESSOR CUSTODIAN</b> | <b>CUSTODIAN'S RELATIONSHIP TO MINOR(S)</b> |

Must be 18 years or older.

If both of the above-listed persons die, become incapacitated, ineligible, or unwilling to serve as custodian, I hereby appoint the following to serve as custodian for the above minor shareholder(s):

|  |   |
|--|---|
| <input type="text"/>                         | <input type="text"/>                        |
| <b>NAME OF APPOINTED SUCCESSOR CUSTODIAN</b> | <b>CUSTODIAN'S RELATIONSHIP TO MINOR(S)</b> |

Must be 18 years or older.

In Witness Thereof, I have executed this Designation of Successor Custodians.

|                               |                      |
|-------------------------------|----------------------|
| <input type="text"/>          | <input type="text"/> |
| <b>SIGNATURE OF CUSTODIAN</b> | <b>DATE SIGNED</b>   |

|                         |   |
|-------------------------|---|
| <input type="text"/>    | *Witness cannot be one of the above listed successor custodians and must be 18 years of age or older to sign. |
| <b>NAME OF WITNESS*</b> |   |

## AUTHORIZATION TO RELEASE INFORMATION

I, , state and agree as follows:  
**YOUR NAME**

1. I hereby authorize Olgoonik Corporation and its employees (“OC”) to speak with and obtain information, including copies of any and all records, from any other Alaska Native Village Corporation (“Village Corporation”) concerning (check one):

- My enrollment as a shareholder in the Village Corporation, or
- The following Minor’s enrollment as a shareholder in the Village Corporation:

**MINOR’S NAME**

2. The Village Corporation is hereby authorized to provide OC with the information described above, and to discuss any questions OC may have about that information.

3. OC will use the information to determine my/the Minor’s eligibility for enrollment as a Class B shareholder in OC.

4. I hereby waive any claims of confidentiality that I/the Minor may otherwise have in the information and which would prevent the Village Corporation from discussing or providing the information.

5. A photocopy of this authorization shall in all ways be as valid as the original.

**YOUR SIGNATURE**

**DATE**

Subscribed and sworn to or affirmed before me at \_\_\_\_\_ on the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

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

My commission expires: \_\_\_\_\_