



Terminally III & Bereavement Assistance Overview

Program Overview

We know experiencing a terminal illness or losing a loved one can be difficult, which is why Olgoonik set up the Terminally III & Bereavement Assistance program. We hope Olgoonik is able to support you during this time and make navigating this difficult situation a little easier.

Funding for the Terminally III & Bereavement Assistance program now comes from the Olgoonik Settlement Trust, which was adopted by shareholders and created to provide certain benefits as **tax-free** to the recipient. While you will not be taxed for this benefit, the Olgoonik Accounting Department still requires a W-9 form to be filled out by each applicant. Applications are accepted throughout the year on a first come, first serve basis.

Completing the Application

Please ensure the application is completed, including marking the boxes for the top two lines indicating if you are applying on your behalf or on behalf of another shareholder. Please be sure to mark which type of assistance you are applying for.

We hope the information below helps in completing the application. For additional questions, please contact shareholderservices@olgoonik.com or call (907) 562-8728 (Anchorage) or (907) 763-2613 (Wainwright) and ask to speak with a member of the Shareholder Services team.

How is funding distributed?

Funding for this program will be mailed by physical check or applicants may elect direct deposit.

To set up a **new** direct deposit, a Direct Deposit Authorization Form, voided check, or verification from your bank proving account ownership must be included with your application.

For individuals who receive their Olgoonik Corporation dividends by an **existing** direct deposit, you must verify your banking information on file with Olgoonik is current and correct.

For all direct deposits (new or existing) a Shareholder Services team member will contact by phone to verify your identity and information. Direct deposits will take one full day to appear in your bank account.

Applicants who prefer a check in the mail should disregard the Direct Deposit Authorization form included in the application packet.

What is an authorized representative?

The authorized representative is generally one of the following:

- The authorized family member or court-appointed representative applying for assistance
- The applicant applying on his or her own behalf (for Terminally III assistance)
- The applicant's chosen alternate who can accept funding or other benefits on the applicant's behalf

Do I need to list an alternate representative?

We encourage you to list an alternate representative if any of the following applies:

- You would like the funds to be deposited into a bank account, but you do not have a bank account in your name
- Funeral arrangements will be in Wainwright but you are unable to drive the OC truck available for grave digging and the day of the funeral
- You receive assistance from a family member or personal representative in managing your finances and would like this individual to accept the funding on your behalf

Do I need to list where funeral arrangements will take place?

We encourage applicants to share this information because part of the Bereavement Assistance program includes the use of an Olgoonik Corporation vehicle. For insurance reasons, this portion of the benefit is only available in Wainwright.

What memorial publication will my loved one be listed in?

Olgoonik seeks to honor our shareholders and their memory for friends and loved ones whether it be a mention in the newsletter, a slide at the Annual Meeting of Shareholders, or other notification in Olgoonik publications. Shareholder names will not be listed unless the box is checked authorizing publication.

Do I need to submit a copy of my loved one's death certificate?

Yes. All applicants must submit a copy of their loved one's death certificate, either as part of the application for this program or to the Olgoonik Stock Department as part of any transfer of shares process. If you have not received a copy of your loved one's death certificate yet, please speak with Shareholder Services.

Additional Resources

Olgoonik Corporation is one of several resources that may be able to help you navigate this difficult time. The resources listed below may be able to help.

Financial Assistance

Arctic Slope Native Association (ASNA) – BIA Burial Assistance Program

- Visit <https://arcticslope.org/services/social-services/bia-burial-assistance/>
- Call 1-800-478-3033 (toll-free) or (907) 852-9153

State of Alaska Public Assistance – General Relief Assistance (including burial asst.)

- Visit <http://dhss.alaska.gov/dpa/Pages/gra/default.aspx>
- Northern – Fairbanks District Office (907) 451-2850 or 1-800-478-2850
- Southcentral – Gambell District Office (907) 269-6599 or 1-888-876-2477
- Southcentral – Muldoon District Office (907) 269-0001 or 1-888-876-2477
- Southcentral – Mat-Su District Office (907) 376-3903 or 1-800-478-7778

State of Alaska Public Assistance – Chronic and Acute Medical Asst. (including terminal illness)

- Visit <http://dhss.alaska.gov/dpa/Pages/cama/default.aspx>
- Contact one of the offices listed in the above section

Cook Inlet Tribal Council (for those in the Anchorage-area and meet requirements)

- Visit <https://citci.org/employment-training/burial-assistance/>
- Call (907) 793-3300

Tanana Chiefs Conference (for those in the Fairbanks area)

- Visit <https://www.tananachiefs.org/get-assistance/temporary-assistance/>
- Call 1-800-478-6822 (toll-free) or (907) 452-8251 ext. 3106

U.S. Department of Veteran's Affairs – Burial Allowance

- Visit <https://www.va.gov/burials-memorials/veterans-burial-allowance/>
- Call 800-827-1000 (M-F, 8am-9pm Eastern Time)

Grief Assistance

Alaska's Careline

- Call toll-free at 1-877-266-4357 (anytime)
- Text 4help to 839863 (3pm-11pm, Tuesday-Saturday)

Southcentral Foundation – Behavioral Health Services

- Call (907) 729-2500 or speak with your provider



Terminally Ill & Bereavement Assistance Application

Applicant Information

I am: Applying for myself Applying on behalf of an OC shareholder

I am: Applying for Terminally Ill Assistance Applying for Bereavement Assistance

Name of terminally ill or deceased shareholder: _____

Shareholder's DOB: _____ Date of terminal illness or death: _____

Required: Please include a copy of the shareholder's original death certificate or copy of a statement from a qualified medical professional verifying the shareholder's terminal illness with this application.

My relationship to the terminally ill or deceased is: _____

Applicant mailing address:

Applicant contact information:

Phone: _____

Email: _____

Authorized Representative Information

The following individuals are authorized to receive the benefit funds and/or are authorized to drive the Olgoonik vehicle in Wainwright as part of the Bereavement program:

Name of Authorized Representative 1

Name of Authorized Representative 2

Phone: _____

Phone: _____

Email: _____

Email: _____

Bereavement Assistance – Arrangement Information

Funeral services will be held in: (City, State) _____

If held in Wainwright, we will need an OC vehicle for grave digging and funeral days: Yes No

I give my permission to list my loved one's full name in Memorial publications by Olgoonik Corporation:

Yes No *If yes, applicant may choose to include a photo, which may be published along with loved one's name*

Verification

The Terminally Ill & Bereavement Assistance program was created to alleviate the financial burdens associated with the terminal illness or death of an OC shareholder. To qualify, the terminally ill or deceased must be an Olgoonik Corporation shareholder, either original or inherited. The applicant (next-of-kin or authorized representative) need not be a shareholder.

The budget for this program is limited and funding is available on a first come, first serve basis. In addition to the above, the benefit is subject to the following terms:

- The individual signing this form and accepting benefit funds must be the true and authorized individual in accordance with Olgoonik policies
- Olgoonik reserves the right to request additional information/documentation to verify application information
- Olgoonik reserves the right to make full or partial payments or to deny payments at its sole discretion based on budget and other factors
- Falsification of information may result in a denial of current and future funding and/or reimbursement to Olgoonik

Changes to the program and requirements may be made at any time and at the sole discretion of Olgoonik without notice. By signing below I verify that I understand and agree to these terms:

Printed Name


Signature

Date signed

Return completed application and documents to:

Email: shareholderservices@olgoonik.com | Fax: (907) 562-8728 (Anchorage) or (907) 763-2926 (Wainwright)

Family Tree Form - Terminally III & Bereavement Assistance

<p align="center">Great Grandmother</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Great Grandmother</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Great Grandmother</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Great Grandmother</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p align="center">Great Grandfather</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Great Grandfather</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Great Grandfather</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Great Grandfather</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p align="center">Grandmother</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Grandfather</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Grandmother</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p align="center">Grandfather</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p align="center">Mother</p> <p>Maiden Name: _____</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>		<p align="center">Father</p> <p>Alaska Native: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>	
			
<p align="center">Terminally III/Deceased Shareholder</p> <p>Maiden Name: _____</p> <p>Alaska Native: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Degree of Native Blood: _____</p> <p>Original Shareholder: Y <input type="checkbox"/> N <input type="checkbox"/></p>			

Office Use Only

Original Shareholder: Y N

Verified By: _____

Date Verified: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>														
or														
Employer identification number														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>														

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

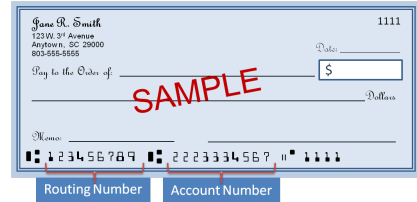


ACH Direct Deposit Election

This ACH Deposit Election Form is to: **Add New Account** **Change Account** **Revoke/Cancel Account**

Direct Deposit Instructions

- MUST PROVIDE DOCUMENTATION OF ACCOUNT OWNERSHIP
- You **must** attach a preprinted voided blank check **OR** a direct deposit authorization form from the financial institution listed below.
- Olgoonik can only deposit funds into US-based financial institutions – **no overseas** deposits are permitted.
- Forms must be signed and sent to Olgoonik’s Accounts Payable Dept. either by email at accounts payable@olgoonik.com or by fax to 907-562-8751.
- Please allow up to 14 days for changes to ACH Deposit to go into effect.



This authorization is for (check only one below)

Name:		Date:	
Last 4 Digits of SSN#: XXX-XX-Federal ID #		Phone Number: Fax Number:	
Address:			
Email:			

Elect Direct Deposit:			
I elect to receive my payment via ACH direct deposit.			
Bank Account:			
Action (choose one):	New Account	Change Account	
Type of Account:	Savings Account	Checking Account	
Name of Financial Institution:			
Routing Number:		Account Number:	

- Olgoonik and Subsidiaries are hereby authorized to deposit my payment, into my account identified as and held at the financial institution identified above. I certify that such account exists. This authorization shall remain in effect until I give written notification of any change to my financial institution.
- As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my ACH direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Olgoonik immediately.

Signature:		Date:	
FOR INTERNAL USE ONLY			
Verified By:		Verified Date:	
Type of Verification:	Phone	In-Person	