



Ninilchik

Natives Association, Inc
To Enhance the Pride of Our People

Inter-Vivos Transferal of Shares

Multiple Recipients

State of : _____)

County of : _____) ss

OR Judicial District : _____)

I, _____, being sworn, certify and affirm the following:

1. I am a stockholder in Ninilchik Natives Association, Inc. (NNAI). My Social Security number is _____; my date of birth is _____ and my current address is: _____.

2. I own _____ shares of Ninilchik Natives Association, Inc. stock as of the date of this Affidavit.

3. I understand that I may only give my shares to an Alaskan Native, or a descendant of an Alaska Native who is my child, grandchild, great-grandchild, niece, nephew, brother or sister who is related to me by blood or adoption (and is not simply by marriage); and that it is my responsibility to provide documentation proving Native descent and family relationship.

4. I understand individuals that are legally adopted are considered the child of the adoptive parents and cannot receive inter-vivos gifts of Ninilchik Natives Association, Inc. stock from members of their former families. I affirm that none of the individuals listed as recipients below have been adopted out of my natural family.

5. I authorize Ninilchik Natives Association, Inc. to transfer, as my irrevocable gift, _____ shares of my Ninilchik Natives Association, Inc. Stock

To: _____

My (relationship): _____

Address of Recipient: _____

Recipient's Social Security Number: _____

Date of Birth: _____

Custodian if Recipient is under 18 years of age: _____

Custodian Address: _____

I authorize Ninilchik Natives Association, Inc. to transfer, as my irrevocable gift,
_____ shares of my Ninilchik Natives Association, Inc. Stock

To: _____

My (relationship): _____

Address of Recipient: _____

Recipient's Social Security Number: _____

Date of Birth: _____

Custodian if Recipient is under 18 years of age: _____

Custodian Address: _____

I authorize Ninilchik Natives Association, Inc. to transfer, as my irrevocable gift,
_____ shares of my Ninilchik Natives Association, Inc. Stock

To: _____

My (relationship): _____

Address of Recipient: _____

Recipient's Social Security Number: _____

Date of Birth: _____

Custodian if Recipient is under 18 years of age: _____

Custodian Address: _____

I authorize Ninilchik Natives Association, Inc. to transfer, as my irrevocable gift,
_____ shares of my Ninilchik Natives Association, Inc. Stock

To: _____

My (relationship): _____

Address of Recipient: _____

Recipient's Social Security Number: _____

Date of Birth: _____

Custodian if Recipient is under 18 years of age: _____

Custodian Address: _____

I authorize Ninilchik Natives Association, Inc. to transfer, as my irrevocable gift,
_____ shares of my Ninilchik Natives Association, Inc. Stock

To: _____

My (relationship): _____

Address of Recipient: _____

Recipient's Social Security Number: _____

Date of Birth: _____

Custodian if Recipient is under 18 years of age: _____

Custodian Address: _____

6. I understand the afore mentioned recipients will be contacted in writing prior to the transfer and that it is my responsibility to provide an address to Ninilchik Natives Association, Inc. for those recipients.

7. I acknowledge that I have received and read the letter from Ninilchik Natives Association, Inc. (NNAI) dated _____, which explains the consequences and tax considerations of transferring shares of stock as an *inter-vivos* gift.

8. I affirm that I have not received anything of value nor was I promised anything of value in compensation for the stock I wish to gift and that I execute this instrument as my free and voluntary act for the purposes expressed in it, that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

I have read, understand and agree to all of the points above and the information I have provided to Ninilchik Natives Association, Inc., is true.

Dated

Signature

.....

Subscribed and sworn to me by _____ on this
_____ day of _____, 20_____.

(Seal)

Signature

Notary Public in and for: _____

My Commission Expires: _____