

## *Ahtna, Incorporated Stock Transfer From*

### **Designation of Custodian for Minor Shareholder**

To determine the custodian for the shares of any minor (under 18 years old) receiving ANSCA stock by inheritance or gift.

By: \_\_\_\_\_ Shareholder ☐ Yes ☐ No  
Custodian's Name  
Custodian's Social Security Number \_\_\_\_\_  
\_\_\_\_\_  
Street Address or P O Box City, State and Zip Code

**A Separate form is required for each minor named in a will or corporate transfer form.**

For: \_\_\_\_\_  
Minor who will receive stocks Date of Birth  
\_\_\_\_\_  
Street Address or P O Box Social Security Number  
\_\_\_\_\_  
City, State and Zip Code

By signature below, the stockholder directs that the custodianship will be effective under the Alaska Uniform Transfers to Minors Act until the minor reaches 18 years of age. Under current Alaska law, a shareholder may direct that the custodianship terminate at some other date after the minor's 18<sup>th</sup> birthday, but no later than the minor's 21<sup>st</sup> birthday; shareholders, wishing to instruct the corporation to terminate the custodianship upon a date other than the minor's 18<sup>th</sup> birthday are requested to file a transfer form adequate under A. S. 1.46.080.

I hereby designate the following person(s) as eligible custodian(s) for the stocks transferred to the minor named above, and direct the corporation to seek their consent to act as custodian. In the event that the highest priority candidate is unwilling or unable to serve as custodian or becomes unable or unwilling to serve at any time before the termination of the custodianship, I direct the corporation to seek the consent of the person of next highest priority.

1<sup>st</sup> Priority: If the minor has a legal guardian other than one of the parents, please supply the legal guardian's name and address here:

\_\_\_\_\_  
Name, Address, City, State and Zip Code

2<sup>nd</sup> Priority: Please supply the name and address of any living parents of the minor here:

\_\_\_\_\_  
Name, Address, City, State and Zip Code

\_\_\_\_\_  
Name, Address, City, State and Zip Code

3<sup>rd</sup> Priority: If there are other adult members of the family with whom the minor has customarily lived, please provide the names and addresses here. You may include living grandparents, brothers, sisters, aunts, uncles, or other members of the minor's family:

\_\_\_\_\_  
Name, Address, City, State and Zip Code

\_\_\_\_\_  
Name, Address, City, State and Zip Code

\_\_\_\_\_  
Name, Address, City, State and Zip Code

\_\_\_\_\_  
Name, Address, City, State and Zip Code

\_\_\_\_\_  
Name, Address, City, State and Zip Code

Dated: \_\_\_\_\_ Signature of Stockholder \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

My Commission expires: \_\_\_\_\_ Notary Public for the State of \_\_\_\_\_

**Custodian's Consent**

I, \_\_\_\_\_, being the person of highest priority here listed so willing, hereby consent to act as custodian of the shares of ANCSA stock transferred to the minor listed above.

Dated: \_\_\_\_\_ By: \_\_\_\_\_  
Signature of Custodian

Please return completed form to:

Ahtna, Incorporated  
Shareholder Records  
1100 L Street, Suite 100  
Glennallen, AK 99588