



Affidavit of Identification

Part 1 New Shareholder Information

Full Name: _____
First Middle Last Suffix/Maiden

Address: _____
Street Address Apartment/Unit # City State Zip

Home Phone: _____ Cell Phone: _____ Message: _____

E-mail Address: _____ Gender: Male Female

Social Security Number: ____|____|____ Birth Date: ____|____|____ US Citizen? Yes No

Are you enrolled to another regional corporation? Yes No If so, which? _____

Are you enrolled to a Village Corporation? Yes No If so, which? _____

Part 2 Family Information

Mother: Biological Adoptive (*Please attach adoption decree*) Date of Birth: ____|____|____

Name: _____
First Middle Last Maiden

Mailing Address: _____
City State Zip

MTNT, Limited shareholder? Yes No If no, enrolled to: _____

Enrolled to a village corporation? Yes No If so, which? _____

Father: Biological Adoptive (*Please attach adoption decree*) Date of Birth: ____|____|____

Name: _____
First Middle Last Suffix

Mailing Address: _____
City State Zip

MTNT, Limited shareholder? Yes No If no, enrolled to: _____

Enrolled to a village corporation? Yes No If so, which? _____

Blood Quantum/Voting Rights

I certify that I am ____/____ Indian Eskimo Aleut (*please attach Certificate of Indian Blood (CIB) issued by BIA or verification from another regional corporation or certified birth certificate.*)
If you DO NOT have a CIB, please contact the Bureau of Indian Affairs at (800) 645-8397 to inquire how to obtain one.

I certify that I am NOT Alaska Native (*no documents needed*).

By signing my name to this document, I certify this information provided in this affidavit is true and correct to the best of my knowledge.

Sign: _____ Date: _____

For Office Use Only

Transfer from: _____ If new shareholder is under age 18, custodian must complete back page.

Part 3 Legal Guardian

Parent Court Appointed (*Documents must be attached*)

I hereby accept and consent to my appointment as custodian of the shares to which the minor person is entitled, pursuant to the Alaska Uniform Gifts to Minors Act, AS 13.46.085.

I understand that the duties and powers of a custodian of MTNT, Limited shares are governed by the laws of the State of Alaska, in particular AS 13.46.110-130. I also understand that as custodian I may spend any distributions and dividends which are perceived by the minor ONLY for the support, maintenance, education, and benefit of the minor, and for no other person or purpose.

Name: _____
First Middle Last Suffix/Maiden

Address: _____
Street Address Apartment/Unit # City State Zip

Main Phone: _____ Alternative Phone: _____ Social Security Number: _____|_____|_____

Birth Date: _____|_____|_____ Alaska Native? Yes No

MTNT Shareholder? Yes No If no, enrolled to: _____
(If not enrolled to MTNT, please provide proof of Blood quantum to reserve voting rights)

Is child living with you? Yes No

Part 4 Direct Deposit

No, I do not want Direct Deposit

Yes, I would like Direct Deposit

I hereby authorize MTNT, Limited to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries to my account. By signing this application, I certify that I am the owner of this account. This authority remains in full force and effect until MTNT, Limited has received written notice from me of its termination in such manner as to afford MTNT and my bank reasonable opportunity to act on it.

Bank Name _____

Bank Routing Number: _____|_____|_____ Checking -OR- Savings

(A nine-digit number – please contact your bank if you need to.)

Name as it appears on Bank Account _____

Comments: