

Ukpeaġvik Iñupiat Corporation  
Class "B" Stock Application



First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix \_\_\_\_\_

Applicant's Name at Birth (if different than above): \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Contact Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred method of contact by UIC:  Phone / text  Email  Mail

Is the applicant a shareholder in another ANCSA **village** corporation?  Yes  No

If yes, which ANCSA village corporation? \_\_\_\_\_

If yes, how did the applicant obtain their stock?  Applied to enroll  Inheritance  Gift

Proof of US Citizenship (select one):  Birth Certificate  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

Cultural adoption?  Yes  No

- If you were adopted, please provide copies of a Tribal Resolution or Tribal Court Order or a Final Adoption Decree.
- If you were adopted and are claiming to be a descendant of an original UIC shareholder **from your adoptive family**, you only need to complete the adoptive family tree.
- If you were adopted but are claiming to be a descendant of an original UIC shareholder **from your biological family**, please complete **both a biological and an adoptive family tree form**.

**Certification**

*I certify that I have not enrolled through a descendant enrollment program as a shareholder in any other village, urban, or group corporation, and that to the best of my knowledge I am eligible to apply to receive Class B shares from UIC. 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 if I make a false or misleading statement in this application about my eligibility to receive Class B shares, that may be grounds for UIC to deny this application or cancel any Class B shares that may be issued to me.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

UIC Stock Department: Phone: 907.852.7444 | Fax: 907.802.3141 | E-mail: stock@uicalaska.com

PO Box 890, Utqiagvik, AK 99723

Form No. 1 Page 1 of 7 Revised 01/23/2023

## Biological Family Tree for Eligibility Determination



To enroll for Class B shares, you must fill out this biological family tree and submit the completed form with your application. Be prepared to provide additional documentation if requested.

<b>Applicant</b>	<b>Father</b> DOB: _____ Last 4 SSN: _____	<b>Grandfather</b>
		<b>Grandmother</b>
	<b>Mother (include maiden if applicable)</b> DOB: _____ Last 4 SSN: _____	<b>Grandfather</b>
		<b>Grandmother</b>



## Adoptive Family Tree for Eligibility Determination

To enroll for Class B shares, you must fill out this adoptive family tree and submit the completed form with your application. Be prepared to provide additional documentation if requested.

<b>Applicant</b>	<b>Father</b> DOB: _____ Last 4 SSN: _____	<b>Grandfather</b>
		<b>Grandmother</b>
	<b>Mother (include maiden if applicable)</b> DOB: _____ Last 4 SSN: _____	<b>Grandfather</b>
		<b>Grandmother</b>



## Consent to Serve as Stock Custodian for Adult

**This is only required if the applicant is under a court-ordered conservatorship or guardianship.**

Please complete this form only if a court order has appointed you to serve as guardian or conservator for the individual applying to receive Class B shares from Ukpeagvik Iñupiat Corporation (UIC). Please include a copy of the court order confirming your appointment as guardian or conservator when you submit the completed Class B application on behalf of the applicant.

### Applicant Information

Name:	
SSN:	
DOB:	

### Custodian Information

Name:	
SSN:	
DOB:	
Mailing Address:	

I certify that I have been appointed by a court of competent jurisdiction as the **guardian** / **conservator** (circle one) of the above applicant. I understand that I owe specific legal duties and responsibilities to the applicant as a result of my appointment,<sup>1</sup> I am familiar those legal duties and responsibilities as they are established in the court order authorizing my appointment, and, consistent with those duties and responsibilities, I hereby consent to serve as the stock custodian for any class of shares issued by UIC pursuant to the Alaska Native Claims Settlement Act to the applicant.

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**Signature**

**Date**

<sup>1</sup> AS 13.26.316 (general powers and duties of a guardian); AS 13.26.500 (general duty of conservator).



## Authorization to Release Information

I, \_\_\_\_\_, state and agree as follows:  
(applicant name)

- I hereby authorize Ukpeaġvik Iñupiat Corporation and its employees (UIC) to speak with and obtain information, including copies of any and all records, from any other Alaska Native Village Corporation (Village Corporation) concerning my enrollment as a shareholder.
- The Village Corporation is hereby authorized to provide UIC with the information described above and to discuss any questions UIC may have about that information.
- UIC will use the information to determine my eligibility for enrollment as a Class B shareholder in UIC.
- I hereby waive any claims of confidentiality that I may otherwise have in the information and which would prevent the Village Corporation from discussing or providing the information.
- I understand that this authorization does not authorize UIC to share my personal and confidential information with any other individual or entity.
- A photocopy of this authorization shall in all ways be as valid as the original.

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**Signature**

**Date**



## Authorization for Direct Deposit

- Check this box if you are already a UIC shareholder, UIC has your direct deposit information on file, and you do not wish to change that direct deposit information.

NAME:	
DATE OF BIRTH:	
SOCIAL SECURITY #:	
MAILING ADDRESS:	
EMAIL ADDRESS:	
CONTACT PHONE #:	

### Bank Account Information

Please make sure your account information is correct to avoid any rejections.

ACCOUNT HOLDERS NAME:	
BANK NAME:	
BANK ROUTING #:	
BANK ACCOUNT #:	
CHECKING OR SAVINGS:	

*I hereby authorized UKPEAGVIK IÑUPIAT CORPORATION to initiate credit entries to this bank account, and if necessary, to correct any corrections and adjustments for any credit entries in error to my depository account specified above. This authority is to remain in full force and effect until UIC has received written notification from me of its termination in such time and in such manner as to afford UIC and the Depository a reasonable opportunity to act on it.*

**TO COMPLETE THE DIRECT DEPOSIT PROCESS, PLEASE PROVIDE BANK VERIFICATION WITH THIS FORM.**

(Voided check, or bank statement or other proof of account ownership.)

#### Type of Bank Verification Attached:

- Voided Check  
 Bank Statement  
 Other proof of account ownership

Signature

Date

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Form No. 6      Page 6 of 7      Revised 01/23/2023



## Consent to Receive Electronic Communications

From time to time, Ukpeagvik Inupiat Corporation (UIC) may wish to contact shareholders by phone or e-mail to verify shareholder information, share safety concerns, or provide shareholders with updates and information regarding UIC events.

By signing this form, shareholders expressly consent to receiving electronic communications from UIC with this information.

**Phone #** to receive UIC communications via text: \_\_\_\_\_

**E-mail** to receive UIC communications via e-mail: \_\_\_\_\_

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**Signature**

**Date**