

Toghotthele Corporation
AFFIDAVIT OF IDENTIFICATION

Part 1 NEW SHAREHOLDER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX/MAIDEN NAME
MAILING ADDRESS ()		CITY ()	STATE ZIP CODE
HOME PHONE - -	CELL/MESSAGE	E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER	GENDER	DATE OF BIRTH (MM/DD/YYYY)	

Are you a US citizen? YES NO
 Enrolled to another Native Regional Corporation? YES NO : _____
 Enrolled to Village Corporation? YES NO : _____

Part 2 FAMILY INFORMATION

MOTHER Biological Adoptive (Please attach adoption decree) _____
 DATE OF BIRTH (MM/DD/YYYY) _____

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME
MAILING ADDRESS		CITY	STATE ZIP CODE

Doyon shareholder? YES NO UNSURE **If no**, enrolled to: _____

FATHER Biological Adoptive (Please attach adoption decree) _____
 DATE OF BIRTH (MM/DD/YYYY) _____

FIRST NAME	MIDDLE NAME	LAST NAME	MAIDEN NAME
MAILING ADDRESS		CITY	STATE ZIP CODE

Doyon shareholder? YES NO UNSURE **If no**, enrolled to: _____

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 1 (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.

 SIGNATURE DATE

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

Please read carefully:

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 Doyon shares are governed by the laws of the State of Alaska, in particular AS 13.46.085 AS 13.46.110-130. I also understand that as custodian I may spend any distributions and dividends which are received by the minor only for the support, maintenance, education, and benefit of the minor, and for no other person or purpose.

LEGAL GUARDIAN PARENT COURT APPOINTED (Documents Attached)_____
FIRST NAME_____
MIDDLE INITIAL_____
LAST NAME_____
MAILING ADDRESS_____
CITY_____
STATE_____
ZIP CODE()
HOME PHONE()
CELL/MESSAGE_____
E-MAIL ADDRESS_____
SOCIAL SECURITY NUMBER_____
DATE OF BIRTH (MM/DD/YYYY)

Alaska Native? YES NO **Doyon shareholder?** YES NO* - Enrolled to: _____

Is child living with you? YES NO

* (If not enrolled to Doyon, please provide proof of blood quantum to reserve voting rights)

Relationship to child: _____

Part 3 DIRECT DEPOSIT OF DIVIDENDS AND/OR DISTRIBUTIONS

No, I do not want Direct Deposit

Yes, I would like Direct Deposit

I hereby authorize Doyon, 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 Doyon has received written notice from me of its termination in such manner as to afford Doyon and my bank reasonable opportunity to act on it.

Bank Name_____
Bank Routing Number_____
Bank Account Number

Checking **OR** Savings

Name as it appears on Bank Account
