



Part 1 – New Shareholder Information

SELF:

_____ (full name)

_____ (address)

_____ (home phone) _____ (cell phone)
_____ (email address)
_____ (social security number)

Male Female US Citizen Yes No

Are you enrolled to another Regional Corporation? Yes No

If so, which one? _____

Are you enrolled in a Village Corporation? Yes No

If so, which one? _____

Part 2 – Family Information

MOTHER: Biological Adoptive (please attach Adoption Decree)

_____ (full name)

_____ (address)

_____ (date of birth)

MTNT Shareholder? Yes No

If no, enrolled to? _____

Enrolled to a Village Corporation? Yes No



If so, which? _____

FATHER: Biological Adoptive (please attach Adoption Decree)

_____ (full name)

_____ (address)

_____ (date of birth)

MTNT Shareholder? Yes No

If no, enrolled to? _____

Enrolled to a Village Corporation? Yes No

If so, which? _____

Part 3 – Blood Quantum/Voting Rights

I certify that I am _____ (fraction) Indian Eskimo Aleut
(Please attach Certificate of Indian Blood (CIB) issued by BIA or verification from another Regional corporation. If you DO NOT have a CIB, please contact the Bureau of Indian Affairs to obtain one.)

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

Part 4 – 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 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, benefit of the minor and for no other purpose.

_____ (full name)

_____ (address)



_____ (home phone) _____ (cell phone)

_____ (social security number)

_____ (date of birth)

Alaska Native? Yes No

MTNT Shareholder? Yes No

If no, enrolled to? _____

(If not enrolled to MTNT, Limited, please provide Proof of Blood Quantum to reserve voting rights.)

Is child living with you? Yes No

Part 5 – Direct Deposit

No, I do not want Direct Deposit.

Yes, I would like Direct Deposit.

Bank Information

Checking

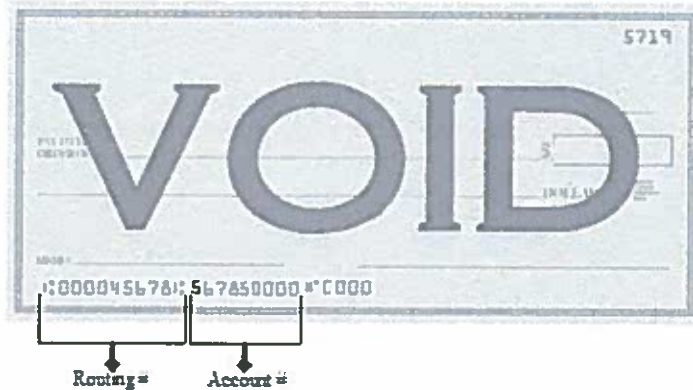
Savings

_____ (bank name)

_____ (routing number)

_____ (account number)

Attach **VOIDED CHECK** for your checking account OR a letter from your bank showing your routing account numbers.



I hereby authorize MTNT, Limited Accounting Department to initiate credit entries to my bank account and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my depository account specified above.

MTNT, Limited reserves the right to discontinue direct deposit payments at any time due to system failures or any incidents beyond the control of the company.

_____ (signature/or custodian/guardian)

_____ (date)

I certify that the information provided on this form is true and correct to the best of my knowledge.

Comments: _____

