

## Inter Vivos Transferal of Shares Affidavit

١,	 , being sworn,	certify	and affirm	the following:

I am a shareholder in MTNT, Ltd. The last four digits of my social security number is \_\_\_\_\_\_ and my date of birth is \_\_\_\_\_\_. I own \_\_\_\_\_ shares in MTNT, Ltd.

My current address is: \_\_\_\_\_\_ and my current phone number is: (\_\_\_\_) .

I understand that I may only give my shares to an Alaska Native or a descendant of an Alaska Native, who is my child, grandchild, great-grandchild, niece, nephew, brother, or sister who is related to me by blood or adoption and that it is my responsibility to provide documentation proving Native descent and family relationship.

I acknowledge that I have received and read the information explaining the consequences of gifting my shares.

I affirm that I have not received anything of value nor was I promised anything of value in compensation for the stock I wish to gift and that I execute this instrument as my free and voluntary act for the purposes expressed in it, that I am 18 years of age or older, of sound mind, and under no undue influence.

I authorize MTNT, Ltd. to transfer as an irrevocable gift the number of shares listed below to the following recipient(s):

## Recipient(s) Information

\*If recipient is a minor, list name and address of legal custodian/guardian.

Address: Phone Number: ()	Relationship:	No. of shares
	Address:	
Name:		
Address: Phone Number: ( )	Relationship:	No. of shares
	Address:	

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Phone Number: ()	Relationship:	No. of shares:
*Custodian:	Address:	
Name:		
Address:		
Phone Number: ()	Relationship:	No. of shares:
	Address:	

If I am making more than five gifts, I have copied this form and included the remaining names on the attached copy.

I understand the transfer is *irrevocable*, meaning that I cannot take my gift back once it is given.

I have read, understand, and agree to all the points above and the information I have provided to MTNT is true.

Signed:		Dated:	
STATE OF	) ) ss. )		
(Country or Judi	cial District)		
Subscribed, sworn to, and ac	knowledged before me this	Day of	, 20
	Notary Public or Postmaster		
	In and For the S	State of	

My Commission Expires