



# Adult Shareholder Enrollment

## Part A: Shareholder Information

You must include a copy of your birth certificate and, if applicable, proof of Alaska Native blood quantum for transfer to be processed.

## Part B: Direct Deposit

Please attach a *Voided Check* or *Deposit Slip*, if possible, to verify your account information. You may also submit a letter from your bank that includes your account number, the bank's routing number, and type of account (checking or savings).

## Part C: Shareholder ID

You must include a photo to receive a shareholder ID. Pictures can be sent via mail, email, or taken at the corporate office. The headshot must be recent (taken within the past three years), clear, and forward-facing.

## Part D: Ancestral Trust Eligibility

Please complete the family tree to the best of your abilities. This section is used to determine if you are an eligible beneficiary of the Goldbelt Ancestral Trust. Additional documentation, including birth certificates for proof of relationship, may be necessary to establish eligibility.

## Part E: Descendant Registration

This section is used to register your descendants to be eligible for scholarships, internships, and employment preference.

### Checklist:

- Enrollment Forms**
- Birth Certificate**
- Proof of Alaska Native Blood Quantum (if applicable)**
- W-9 Tax Form or Social Security Card**
- Testamentary Disposition (free notary services at corporate office)**
- Voided Check or Bank Verification Letter (if applicable)**
- Picture for Shareholder ID**

**Please send completed enrollment packets to: 3025 Clinton Drive, Juneau, Alaska 99801**

**Phone: (907) 790-4990 | Toll Free: (800) 770-5866 | Fax: (907) 790-4999**

**Email: *shareholder@goldbelt.com***

**Part A: Shareholder Information**



Full Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

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

Alaska Native Tribe: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_  
(If applicable) (If known, please indicate quantity, i.e. ¼, ½, full, etc.)

Mail Preference:  Email  Print

**Part B: Direct Deposit**

I hereby authorize GOLDBELT, INCORPORATED 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 bank account at the Depository indicated below:

Bank Name: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Type of Account:  Checking  Savings

The authority is to remain in full force and effect until GOLDBELT, INC. has received written notification from me of its termination in such time and in such manner as to afford GOLDBELT, INC. and the above Depository a reasonable opportunity to act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Decline Direct Deposit

**Part C: Shareholder ID**

You must include a picture to receive a Shareholder ID. Pictures can be taken at the corporate office during regular business hours.

Check here if you would like your photo returned

**Part D: Ancestral Trust Eligibility**



Shares Received From: \_\_\_\_\_ Relationship: \_\_\_\_\_

Method Transferred:      Will              Testamentary              Intestate              Gifting              Other

**To the best of your abilities please complete the following family tree and circle any family members who are/were original Goldbelt shareholders:**

|                  |  |  |  |
|------------------|--|--|--|
|                  |  |  | <b>Grandfather:</b>  |
|                  |  |  | Goldbelt Shareholder (?): Yes No<br>Original Shareholder (?): Yes No |
|                  | <b>Father:</b>   |  |  |
|                  | Goldbelt Shareholder (?): Yes No<br>Original Shareholder (?): Yes No |  | <b>Grandmother:</b>  |
|                  |  |  | Goldbelt Shareholder (?): Yes No<br>Original Shareholder (?): Yes No |
| <b>Your Name</b> |  |  |  |
|                  |  |  | <b>Grandfather:</b>  |
|                  |  |  | Goldbelt Shareholder (?): Yes No<br>Original Shareholder (?): Yes No |
|                  | <b>Mother:</b>   |  |  |
|                  | Goldbelt Shareholder (?): Yes No<br>Original Shareholder (?): Yes No |  | <b>Grandmother:</b>  |
|                  |  |  | Goldbelt Shareholder (?): Yes No<br>Original Shareholder (?): Yes No |

\*Please note that additional documentation may be required to establish eligibility for the Ancestral Trust.

----- **OFFICE USE ONLY** -----

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Eligible: Yes\_\_\_ No\_\_\_ Eligible Through: \_\_\_\_\_

Additional Information Needed: \_\_\_\_\_

Notes:

**Part E: Descendant Registration**



Please list your descendants (children/grandchildren) below. If you need more room, please make additional copies or use a blank page.

(1) Your Descendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  Child  Grandchild

Currently a Goldbelt Shareholder?  Yes  No

(2) Your Descendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  Child  Grandchild

Currently a Goldbelt Shareholder?  Yes  No

(3) Your Descendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  Child  Grandchild

Currently a Goldbelt Shareholder?  Yes  No

(4) Your Descendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  Child  Grandchild

Currently a Goldbelt Shareholder?  Yes  No

# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

|  |   |  |   |
|--|---|--|---|
| Print or type<br>See Specific Instructions<br>on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |  |   |
|  | 2 Business name/disregarded entity name, if different from above  |  |   |
|  | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small><br><input type="checkbox"/> Other (see instructions) ▶ _____ |  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small> |
|  | 5 Address (number, street, and apt. or suite no.)   |  | Requester's name and address (optional)   |
|  | 6 City, state, and ZIP code   |  |   |
|  | 7 List account number(s) here (optional)  |  |   |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

|                                |  |  |  |   |  |  |   |  |  |  |  |
|--------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| Social security number         |  |  |  |   |  |  |   |  |  |  |  |
|                                |  |  |  |   |  |  |   |  |  |  |  |
|                                |  |  |  | X |  |  | X |  |  |  |  |
| OR                             |  |  |  |   |  |  |   |  |  |  |  |
| Employer identification number |  |  |  |   |  |  |   |  |  |  |  |
|                                |  |  |  |   |  |  |   |  |  |  |  |
|                                |  |  |  | X |  |  |   |  |  |  |  |

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

|           |                                  |              |
|-----------|----------------------------------|--------------|
| Sign Here | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|-----------|----------------------------------|--------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting on page 2 for further information.



The following Testamentary Disposition is a last will and testament for your Goldbelt, Incorporated (“Goldbelt”) shares, as authorized by Alaska Statutes § 13.16.705. When properly completed, this document will direct who will receive your Goldbelt shares after your death. This Testamentary Disposition can be replaced or updated by you at any time with the completion of a new Testamentary Disposition. The most recent one will be used to distribute your stock. This document only directs how your Goldbelt shares will pass and is not a complete will; you should have a general Last Will & Testament if you want to be certain that your other property will pass according to your intentions.

If properly executed, your Testamentary Disposition will govern the division of your ANCSA shares. If you do not have a valid Testamentary Disposition, your shares will be divided pursuant to your valid Last Will & Testament if Goldbelt or general ANCSA shares are specifically mentioned. Shareholders who do not have a valid Testamentary Disposition or Last Will & Testament will have their shares divided according to the Alaska rules of intestate succession.

In order to be valid, Testamentary Dispositions can only be completed by shareholders who have reached the age of majority. Testamentary Dispositions that are submitted by guardians, custodians, power of attorneys, or anyone other than the shareholder are invalid and will not be honored by Goldbelt.

Goldbelt will make all reasonable efforts to protect your original Testamentary Disposition; however, the corporation cannot guarantee its safety and will not be liable for its loss or destruction. Therefore, you should preserve a copy of the original document, both as a reminder of how you have willed your stock and so that a copy exists if the original Testamentary Disposition is somehow destroyed or lost. You may wish to make an additional copy and give it to a trusted relative or friend, or put it in a safe deposit box or another safe place.

Goldbelt staff will review your original Testamentary Disposition when you complete and return it, and will contact you if they find an obvious defect in the way you have filled it out, signed it, or dated it. However, you are responsible for the completion and accuracy of your Testamentary Disposition.

Remember that you may not will fractions of shares. For example, if you have 100 shares and three “equal” beneficiaries, you should state which two will receive 33 shares and who will receive 34.

If you need assistance completing your Testamentary Disposition, please contact Shareholder Services at (907) 790-4990 or (800) 770-5866.

Please return the original form to the corporation at 3025 Clinton Drive, Juneau, AK 99801, after you have filled it out, dated it, and signed it before a Notary Public. You should retain the pink copy for your records.



# TESTAMENTARY DISPOSITION

I, \_\_\_\_\_ (type or print your full legal name or your name as it appears on your Goldbelt stock certificate), in accordance with Alaska Statutes § 13.16.705, execute the following will of my \_\_\_\_\_ shares in Goldbelt, Incorporated. Upon my death, I leave my shares of stock in Goldbelt, Incorporated to the following person(s), each to receive the number of shares set forth following his or her name and address:

**Part A.**

| Name & Relationship | Current Address or City & State | No. of Shares |
|---------------------|---------------------------------|---------------|
| _____               | _____                           | _____         |
| _____               | _____                           | _____         |
| _____               | _____                           | _____         |
| _____               | _____                           | _____         |
| _____               | _____                           | _____         |
| _____               | _____                           | _____         |
| _____               | _____                           | _____         |
| _____               | _____                           | _____         |

**Part B.**

1. If, at the time of my death, I have acquired more shares than those given out in Part A. above, and have not yet completed a valid *Testamentary Disposition* for the additional shares, I leave the extra shares as follows:  
 [check only ONE box, and INITIAL the box you check]  
 to the people listed in Part A above, in the same proportion as the shares willed there  
 in equal numbers to those people listed in Part A., above  
 all to the following: \_\_\_\_\_ (name) \_\_\_\_\_ (address)  
 in equal numbers to all children born to or adopted by me before or after the date of this *Testamentary Disposition*  
 otherwise, as follows: \_\_\_\_\_

2. If other children are born to or adopted by me after the date of this *Testamentary Disposition*, I wish for them to be included in as nearly equal shares as possible with those persons listed in Part A. Yes \_\_\_\_\_ No \_\_\_\_\_ [If neither box is checked, Goldbelt will presume the answer is "Yes"]

3. If any of the people named in Part A. should die before I do, I leave the shares that are willed to that person as follows:  
 [check only ONE box, and INITIAL the box you check]  
 in equal numbers to that person's biological or legally adopted children  
 to the surviving people listed in Part A. in the same proportion as the shares willed there  
 in equal numbers to those people listed in Part A.  
 all to the following: \_\_\_\_\_ (name) \_\_\_\_\_ (address)  
 otherwise, as follows: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Shareholder  
Social Security or Shareholder ID #: \_\_\_\_\_

**Notary Block**

[to be completed by a Notary Public]  
STATE OF \_\_\_\_\_ )  
\_\_\_\_\_) )  
(Judicial District or County)

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned authority, personally appeared \_\_\_\_\_, [name of owner of shares], to me known to be the person whose name appears above as Owner and to be the person who signed the foregoing Testamentary Disposition, and acknowledged to me that it is freely and voluntarily signed for the uses and purposes therein described. WITNESS my hand and official seal the day and year first above written.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_