

Far West, Inc. Gift of Stock

I, _____, of _____

(full name) (P.O. box or street address)

()

(city, state, zip code) (social security number) (date of birth) (telephone number)

certify under penalty of perjury that the following is true:

1. I am currently a shareholder owning:

_____ shares of ANCSA stock of Far West, Inc.
(number of FWI shares)

2. I understand that Section 7(h)(1)(C) of the Alaska Native Claims Settlement Act, 43 U.S.C.1606 (h)(1)(C), as amended, provides that Settlement Common Stock may be transferred to an Alaskan Native or a descendant of an Alaskan Native as a gift from a shareholder to his or her child, grandchild, great grandchild, niece, nephew, sister or brother.

3. I understand that the recipient of this gift must be an Alaskan Native or a descendant of an Alaskan Native and includes persons who are family members by adoption. The person(s) to whom I wish to make this gift of shares is/are in fact in the relationship to me shown below and is/are known by me to be either Alaskan Native(s) or descendant(s) of an Alaskan Native.

For and in consideration of love and affection, I give, assign and transfer to the following named grantees the listed number of shares with full authority to have this gift of stock transferred upon the books and records of the corporations.

Full Name:	Mailing Address		Blood Quantum	Number of FWI Shares
Relationship: _____ Adopted : <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	DOB		
Current Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, Name of Custodian		Phone Number	
Full Name	Mailing Address		Blood Quantum	Number of FWI Shares
Relationship: _____ Adopted : <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	DOB		
Current Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, Name of Custodian		Phone Number	

Full Name	Mailing Address		Blood Quantum	Number of FWI Shares
Relationship: _____ Adopted : <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	DOB		
Current Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, Name of Custodian		Phone Number	
Full Name	Mailing Address		Blood Quantum	Number of FWI Shares
Relationship: _____ Adopted : <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	DOB		
Current Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, Name of Custodian		Phone Number	
Full Name	Mailing Address		Blood Quantum	Number of FWI Shares
Relationship: _____ Adopted : <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	DOB		
Current Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, Name of Custodian		Phone Number	
Full Name	Mailing Address		Blood Quantum	Number of FWI Shares
Relationship: _____ Adopted : <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	DOB		
Current Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, Name of Custodian		Phone Number	
Full Name	Mailing Address		Blood Quantum	Number of FWI Shares
Relationship: _____ Adopted : <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	DOB		
Current Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, Name of Custodian		Phone Number	

Total Number of **FWI** Shares to Transfer _____

4. I understand that I may not revoke, take back, or otherwise change this gift of shares once the transfer has been made; that if there are any taxes owed as a result of this transfer, FWI will not be responsible for payment; and that payment of any such taxes will be the responsibility of either myself as donor or the recipient.
5. I understand that I will no longer receive dividends or distributions for the transferred shares, that I will no longer have voting rights for the transferred shares; and that this transfer of shares places all authority over the shares (to transfer by will or gift or to sell, if sale becomes an option) in the hands of the recipient.

6. I understand that by signing this certificate that I am swearing under oath to the best of my knowledge and belief that everything stated herein is true, that I am 18 years of age or older and that I am acting of my own free will and am not under any undue pressure, influence or duress. I affirm that I have not received anything of value, nor was I promised anything of value in compensation or payment for the shares that I now transfer.
7. I understand it is my responsibility to make sure that all the documents listed below are completed and returned. Far West, Inc. is unable to process my gift of stock until all documents are received:

1) Gift of Stock form

2) Birth Certificate(s) (to show family relation - if not currently on file)

3) Custodian Consent form (for minors)

4) Proof of Alaska Native blood quantum (Certificate of Indian Blood [CIB] or Tribal Card with blood quantum)

5) Copy of social security card (if not provided on CIB or tribal card)

6) Adoption documents (if applicable)

7) Marriage certificate or other court document(s) (if applicable).

Dated this _____ day of _____, 20_____.

Signature: _____

Subscribed and sworn to before me, this _____ day of _____, 20_____.

U. S. Postmaster or Notary Public
in and for the state of:

My Commission Expires:

Revised 4.1.2025