

Descendant Application



The Descendant program is available to all descendants of voting Koniag Shareholders.

Additional documentation is required:

- Copy of certified birth certificate(s)** to show proof of descendency from a voting shareholder as follows:
- | | |
|---------------------------------|--|
| Child of Shareholder | <input type="radio"/> Birth certificate of child |
| Grandchild of Shareholder | <input type="radio"/> Same as above, and |
| | <input type="radio"/> Birth certificate of grandchild |
| Great-grandchild of Shareholder | <input type="radio"/> Same as above, and |
| | <input type="radio"/> Birth certificate of great-grandchild |
| Adopted child | <input type="radio"/> Adoption Decree OR birth certificate and adopted birth certificate |
- Copy of legal document** authorizing the change of name (marriage certificate, divorce decree, etc.), if current name is different from the birth certificate.

APPLICANT (DESCENDANT)			
Name:	First Name / Middle Initial / Last Name	Date of Birth:	
Mailing Address:	City, State Zip Code		SSN: (xxx-xx-xxxx)
Home Number:	Work/Message Number:	Mobile Number:	
Email Address:	Would you like to receive electronic updates from Koniag?		
	Auto Phone Message: <input type="checkbox"/> Yes <input type="checkbox"/> No	Text Message: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CUSTODIAN INFORMATION			
<i>Provide information of the Custodian/Guardian if applicant is a minor (under age 18).</i>			
Name:	First Name / Middle Initial / Last Name	Date of Birth:	
Mailing Address:	City, State Zip Code		SSN: (xxx-xx-xxxx)
Email Address:	Home Number:	Mobile Number:	

Check One: Parent Grandparent Great-Grandparent

VOTING SHAREHOLDER INFORMATION			
(If known) Shareholder ID number:			
Name:	First Name / Middle Initial / Last Name		
Mailing Address:	City	State	Zip Code
Telephone:	Email:	Last 4-digits of SSN: (xxxx)	

- I certify that the information provided on this form is true and correct to the best of my knowledge.
- I understand that if required documents for this application are not received within one year of my signature, this application will be voided, shred, and a new application will have to be submitted.



Signature (or Custodian/Guardian) _____ Date _____

DELIVER, MAIL, FAX OR EMAIL FORM (WITH REQUIRED DOCUMENTS)

Shareholder Records 3800 Centerpoint Drive, Ste 502 Anchorage, AK 99503	E: shareholderrecords@koniag.com F: 907-562-5258 P: 907-561-2668, or toll free: 800-658-3818
---	--

Office Use Only: Approved by: _____	Entered by: _____	Date: _____
ID: _____	Verified by: _____	Date: _____