



(1) \_\_\_\_\_, \_\_\_\_\_  
(Recipient's full name) (Relationship to donor)

Recipient's Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Male  Female

Birth Date: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Number of Shares to receive: \_\_\_\_\_

Complete the following additional information only for recipients under the age of 18 years:

Custodian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Custodian's relationship to recipient: \_\_\_\_\_

(2) \_\_\_\_\_, \_\_\_\_\_  
(Recipient's full name) (Relationship to donor)

Recipient's Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Male  Female

Birth Date: \_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Number of Shares to receive: \_\_\_\_\_

Complete the following additional information only for recipients under the age of 18 years:

Custodian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Custodian's relationship to recipient: \_\_\_\_\_

5. If the recipient(s) named above is my brother or sister, I represent and affirm that I am over 18 years of age or have attained majority status under the laws of the State of Alaska.

6. I understand that after the transfer is completed, I will own only \_\_\_\_\_ shares of Goldbelt, Incorporated stock. My original stock certificate will be canceled and a new certificate for my remaining shares will be issued to me. If I completed the will on the back of my original certificate or completed a testamentary disposition, I understand that the will on the certificate or the testamentary disposition will become ineffective, I would then need to complete a new testamentary disposition form.

7. I understand that I may not be able to revoke, take back; or otherwise change this gift of shares once it has been made.

8. I understand that the gift of the stock places all authority over and benefits to the stock (including transfer by will or by gift and sale, if permitted in the future) in the hands of the recipient(s). I will no longer have voting rights for the transferred shares and I will no longer receive dividends or distributions for the transferred shares.

9. I understand that the gift of stock may result in gift tax or other tax obligations, which could be very large. I may be responsible for those obligations. I cannot compel the recipient(s) or Goldbelt to help me avoid the tax obligations or pay them. I have been advised to consult with tax advisors regarding the tax impact of this gift, and have done so if I considered it appropriate.

10. I represent and affirm that I have not received or been promised any consideration or anything of value in exchange for making this gift. I wish to make this gift exclusively to benefit the recipient(s), and not because of any benefit to me.

11. I understand that by signing this Affidavit Request I am swearing under oath to the best of my knowledge and belief that everything stated herein is true, and that I am acting of my own free will and am not under any undue pressure, influence or duress.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_