

INSTRUCTIONS

APPLYING FOR CLASS D STOCK

NANA



NANA Regional Corporation, Inc., Attn: Shareholder Records, PO Box 49, Kotzebue, AK 99752
For assistance, call (907) 442-3301 or (800) 478-3301. Fax (907) 343-5758

ELIGIBILITY CRITERIA

Individuals born after December 18, 1971 who meet the following criteria are eligible to receive Class D stock of NANA Regional Corporation:

1. The individual is at least one-fourth (1/4) degree Alaska Native blood. (This can be a combination of Iñupiaq and/or other Alaska Native blood and is calculated from the birth parents' blood quantum or copied from the child's BIA Certificate of Degree of Indian Blood.)
2. The individual must have been born on or after December 18, 1971 and alive at the time the application is filed and the stock is issued.
3. At least one of the natural or adoptive parents was issued Class A, B, C, or D stock, other than through inheritance or gifting.
4. The individual has not received any Settlement Common Stock from any other Regional Corporation, or by any village corporation located outside of the NANA region other than the receipt, through inheritance or gifting, of original ANCSA stock (typically class A or B stock). For Question 7 on the application, the other regional corporations are as follows: Ahtna, Inc.; Arctic Slope Regional Corporation; Bering Straits Native Corporation; Bristol Bay Native Corporation; Calista Corporation; Chugach Alaska Corporation; CIRI; Doyon, Ltd.; Koniag, Inc.; Sealaska Corporation; The 13th Regional Corporation; and The Aleut Corporation. Kikiktagruk Inupiat Corporation (KIC) is not a regional corporation.

If you have any questions as to whether the applicant meets these criteria, please call the Shareholder Records department at (907) 442-3301 or (800) 478-3301.

APPLICATION REQUIREMENTS

1. Complete the attached enrollment application. Application is not complete without certification signature and notarization.
2. Enclose the required copy of birth certificate, adoption papers or other documentation to show the relationship to the parent or other legal guardian who was enrolled to NANA.
3. Enclose a certified copy of blood quantum indicating at least one-fourth degree of Alaska Native blood. If child has one parent who is not a NANA shareholder, but has Alaska Native blood and/or is a shareholder in a different Alaska Native Corporation, we will need a copy of either the child's or the non-NANA parent's Certificate of Indian Blood (CIB) to calculate applicant's blood quantum.
4. Enclose a copy of the applicant's Social Security card.
5. If the individual is a minor child, complete the Agreement to Serve as Custodian. A custodian is a person who serves as the caretaker for the stock until the child reaches the age of majority. If adult applying to be custodian is not a NANA shareholder, we will need a copy of that person's Social Security card.
6. If the application is approved, the individual will be registered as a shareholder of NANA in the stock records book and will be issued the appropriate number of Class D shares. If the individual is an adult, the certificate will be issued in the name of the individual. If the individual is a minor, the certificate will be issued in the name of the custodian, "as custodian for minor child."
7. Please mail, fax or email this completed form to:

NANA Regional Corporation, Inc.,
Attn: Shareholder Records Department
PO Box 49
Kotzebue, AK 99752

FAX: (907) 343-5758
Email: records@nana.com

ENROLLMENT FORM

APPLYING FOR CLASS D STOCK



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APPLICANT

Last Name		First Name		Middle Initial	Suffix (Sr./Jr.)
Gender: M / F	US Citizen: Yes / No	DOB: month/day/year / /		Social Security Number: - -	
Alaska Native Blood (check all that apply)					
Aleut <input type="checkbox"/> Athabascan <input type="checkbox"/> Cupik <input type="checkbox"/> Iñupiaq <input type="checkbox"/> Haida <input type="checkbox"/> Tlingit <input type="checkbox"/> Tsimshian <input type="checkbox"/> Yup'ik <input type="checkbox"/>					

CONTACT

Mailing Address		City	State	Zip
Phone Number	Message Number		Email Address	

BIRTH PARENTS

If no father is listed on Applicant's birth certificate, please provide other proof of paternity and of the father's blood quantum. In the absence of satisfactory proof to the contrary, we will assume the father is non-Native and take half of mother's degree of Native blood to determine blood quantum. Paternity forms available on request and at NANA.com/forms.

Birth Father

Last Name		First Name		Middle Initial	Suffix (Sr./Jr.)
Other Names Used			Regional Corporation NANA <input type="checkbox"/> Other: _____		
Degree of Native Blood Please provide a copy of a BIA issued Certificate of Degree of Indian Blood (or CIB) for those not enrolled with NANA.					

Birth Mother

Last Name		First Name		Middle Initial	Suffix (Sr./Jr.)
Other Names Used			Regional Corporation NANA <input type="checkbox"/> Other: _____		
Degree of Native Blood Please provide a copy of a BIA issued Certificate of Degree of Indian Blood (or CIB) for those not enrolled with NANA.					

GUARDIAN (if one has been appointed)

Last Name		First Name		Middle Initial	Suffix (Sr./Jr.)
Relationship to the Applicant					

Important: If child **not adopted**, skip to Certification section.

ADOPTIVE PARENTS (if child was adopted)

Adoptive Father

Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)
Other Names Used		Regional Corporation NANA <input type="checkbox"/> Other: _____	
Degree of Native Blood Please provide a copy of a BIA issued Certificate of Degree of Indian Blood (or CIB) for those not enrolled with NANA.			

Adoptive Mother

Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)
Other Names Used		Regional Corporation NANA <input type="checkbox"/> Other: _____	
Degree of Native Blood Please provide a copy of a BIA issued Certificate of Degree of Indian Blood (or CIB) for those not enrolled with NANA.			

Important: Application is not complete without certification signature and notarization.

CERTIFICATION

I certify that the information given in this application is true to the best of my knowledge and belief.

Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)	DOB: month/day/year / /
Signature			Date	
SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20_____				
Notary Public _____ My Commission Expires _____				

Please mail, fax or email this completed form to:

NANA Regional Corporation, Inc.,
Attn: Shareholder Records Department
PO Box 49
Kotzebue, AK 99752

FAX: (907) 343-5758
Email: records@nana.com

CUSTODIANSHIP FORM

NANA Regional Corporation, Inc., Attn: Shareholder Records, PO Box 49, Kotzebue, AK 99752
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NANA



AGREEMENT TO SERVE AS CUSTODIAN

I, _____ hereby consent to act as custodian for, _____ a minor under the age of 18, for any shares of corporate stock and related property issued to the minor, pursuant to the **Alaska Native Claims Settlement Act**, by **NANA Regional Corporation, Inc.**

I am over the age of 18, and am the above named minor's:

- | | | | |
|----------------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Uncle | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |

I affirm that I know of no individual who has a higher priority to be the custodian than I do. In the event that the minor is no longer in my care or someone with higher priority to be custodian is identified, I hereby resign as custodian of the minor's ANCSA stock.

CUSTODIAN

Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)
DOB: month/day/year / /		Social Security Number: - -	

CONTACT

Mailing Address	City	State	Zip
Phone Number	Message Number	Email Address	

CERTIFICATION

I certify that the information given in this application is true to the best of my knowledge and belief.

Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)	DOB: month/day/year / /
Signature			Date	
SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 20_____				
Notary Public _____ My Commission Expires _____				

FAMILY TREE FORM

NANA Regional Corporation, Inc., Attn: Shareholder Records, PO Box 49, Kotzebue, AK 99752
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NANA



		GREAT GRANDFATHER	
		D.O.B	TRIBE / BLOOD DEGREE
GRANDFATHER		GREAT GRANDMOTHER	
D.O.B	TRIBE / BLOOD DEGREE	D.O.B	TRIBE / BLOOD DEGREE
GRANDMOTHER		GREAT GRANDFATHER	
D.O.B	TRIBE / BLOOD DEGREE	D.O.B	TRIBE / BLOOD DEGREE
BIRTH FATHER		GREAT GRANDMOTHER	
D.O.B	TRIBE / BLOOD DEGREE	D.O.B	TRIBE / BLOOD DEGREE
CHILD NAME		GREAT GRANDFATHER	
D.O.B	TRIBE / BLOOD DEGREE	D.O.B	TRIBE / BLOOD DEGREE
BIRTH MOTHER		GREAT GRANDMOTHER	
D.O.B	TRIBE / BLOOD DEGREE	D.O.B	TRIBE / BLOOD DEGREE
GRANDFATHER		GREAT GRANDFATHER	
D.O.B	TRIBE / BLOOD DEGREE	D.O.B	TRIBE / BLOOD DEGREE
GRANDMOTHER		GREAT GRANDMOTHER	
D.O.B	TRIBE / BLOOD DEGREE	D.O.B	TRIBE / BLOOD DEGREE
		GREAT GRANDFATHER	
		D.O.B	TRIBE / BLOOD DEGREE
		GREAT GRANDMOTHER	
		D.O.B	TRIBE / BLOOD DEGREE