



Shareholder Information Form

Your Legal Name (first, middle, last) _____

Street Address: _____

Mailing Address (if other than street address): _____

Home Phone: _____

Work Phone: _____

Maiden or Other Name Used: _____

If under 18, Custodian Name, Address and Phone Number: _____

Your Mother's Name: _____

Your Father's Name: _____

Your Date of Birth: _____

Your Place of Birth: _____

Your Spouse's Name: _____

Your Descendant(S) Name(S), Social Security Number(S), Date(S) of Birth, and Address(s):



Is a copy of your birth certificate attached: Yes No

If no, do you need assistance in obtaining a copy?..... Yes No

Your Social Security Number: _____

Your Bureau of Indian Affairs number (BIA): _____

Is a copy of your Certificate of Indian Blood (CIB) attached? Yes No

If no, do you need assistance in obtaining a copy or a CIB? Yes No

What tribe are you enrolled with? _____

What is your native blood quantum? _____

Is a copy of your Corporation Will on file with the corporation? _____

If no, do you need assistance in submitting a copy?

Your Spouse's Name: _____

What federal tax withholding rate do you want applied to your corporation dividends?
(Form attached) _____

Do you have any IRS Levies that we should be aware of? Yes No

Do you have Power of Attorney for any Chenega Corporation shareholder? Yes No

If yes, for whom? _____

Shareholder Signature: _____ Date: _____

Please return in the envelope enclosed.
Thank you for your assistance in keeping our records up to date.