

CLASS D STOCK ENROLLMENT APPLICATION FORM



CALISTA CORPORATION
www.calistacorp.com

Calista Corporation, Attn: Enrollment, 5015 Business Park Boulevard, Suite 3000, Anchorage, AK 99503-7177
For assistance, call (800) 277-5516 or (907) 275-2900. Email enroll@calistacorp.com. Secure fax (907) 275-2905

YOU MAY ALSO APPLY ONLINE AT [HTTPS://ENROLL.MYCALISTA.COM](https://enroll.mycalista.com)

1. PLEASE ANSWER YES OR NO FOR EACH LINE

- Yes No Applicant was born on or before December 18, 1971
- Yes No Applicant is / was a resident of or has birth or adopted family ties to the Calista Region
- Yes No Applicant is a United States Citizen
- Yes No Applicant has at least ¼ Alaska Native blood quantum
- Yes No Applicant is enrolled as an original or Missed Enrollee Shareholder in Calista or another ANCSA Regional Corporation
- Yes No Applicant is a Calista Class A and/or Class B Shareholder by gifting or inheritance

2. CLASS D SHAREHOLDER APPLICANT INFORMATION

Legal First Name	Middle	Last Name	Suffix	Calista Enrollment # (13 digits if applicable / known) 03-	
Mailing Address			Community	State	Zip Code
Daytime Phone Number			Email Address		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB (month/day/year)	Social Security Number		Current Calista Region Village Corporation or At-Large Tie (if any)	

1. The Applicant's Tie to Calista Region - The applicant was born or resided in the Calista Region community of: _____ and/or

2. Lineal Descent Information – Identify the applicant's Lineal Descent from someone from the Calista Region

Note: the at-large or village corporation tie of the family member chosen will establish applicant's Calista administrative unit designation

Relationship / Family Member (check one from each line)

- a) Natural Adopted in Adopted out
- b) Mother Father Grandparent Great-Grandparent

Legal First Name	Middle	Last Name	Suffix	Calista Enrollment # (13 digits if applicable / known) 03-	
Mailing Address			Community	State	Zip Code
Daytime Phone Number			Email Address		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birth Year	Last 4 Digits Social Security Number		Original Calista Region Village Corporation Tie or At-Large	

Please continue on the next page. **Only complete, signed, and dated applications will be accepted.**

3. SPONSORING AN ELIGIBLE MINOR OR ADULT? (IF NO, SKIP TO NEXT SECTION)

Sponsor Information: Choose Individual or Organization

Individual I am the eligible applicant's (check all that apply):

a) Natural or Adoptive Parent Guardian Conservator

b) I have a legal power of attorney for the eligible applicant

I am an authorized representative of an eligible disabled or legally incompetent adult

I am a Calista Class A and/or Class B Shareholder Yes No

Legal First Name	Middle	Last Name	Suffix	Calista Enrollment # (13 digits if applicable / known) 03-
Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB (month/day/year)	Social Security Number	Calista Region Village Corporation Tie or At-Large (if any)	

SPONSOR CONTACT INFORMATION

Mailing Address	Community	State	Zip Code
Daytime Phone Number	Email Address		

Organization: DO NOT COMPLETE IF YOU HAVE CUSTODY OF YOUR INCAPACITATED ADULT

My organization is a legal representative of an eligible applicant (if checked, please complete the information below).

Organization Name	Calista Enrollment # (Complete last 7 of 13 digits if applicable / known) 88-888-8 _____
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Please read and accept the terms and conditions and certification and release of info on page 3.

4. VERIFICATION DOCUMENTS

Applicant

See "[Acceptable verification documents](#) required when applying for class D stock" for details. We require proof of the following:

- Legal Name (and name change if the applicant's current legal name is different from the name on the applicant's birth certificate or other verification document)
- Date of Birth on or before December 18, 1971
- Birth / Residency tie to the Calista Region and / or Lineal Descent from Someone from Calista Region
- United States Citizenship
- Blood quantum of at least ¼ Alaska Native (or if no proof of blood quantum, an affidavit--that the applicant and her / his mother or father are/were regarded as Alaska Native--signed by a leader of any Native village or group of which the applicant claims to be a member)

Sponsors Only

Sponsors must submit proof of identity and evidence of the relationship to or responsibility for a person before applying for another adult.

See "[Acceptable verification documents](#) required of a Sponsor when applying on behalf of an eligible minor or adult" for details.

- Proof of Legal Name for Individual Sponsors
- Proof of Relationship / Responsibility
 - Original or certified copy of birth certificate
 - Adoption decree / court order
 - Tribal Adoption Resolution
 - Power of Attorney
 - Affidavit of personal representative
 - Evidence of Appointment as Trustee
 - Court Order Appointing a Conservator
 - Court Order Appointing a Guardian
 - Court Order Appointing a State Ward
 - Other written proof _____

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TERMS AND CONDITIONS

Application for Class D stock constitutes the applicant’s acceptance of the following terms and conditions:

1. Class D shareholders have a right to vote.
2. Class D stock is life estate stock, which means it only lasts as long as the shareholder owning the stock is alive. After the death of a Class D shareholder, the stock is cancelled without compensation to their heirs. This means that while Class A and Class B stock are inheritable or may be gifted, Class D stock is not inheritable or giftable.
3. Class D stock, inchoate rights thereto, and the right to receive dividends and distributions may not be sold, pledged, assigned in the present or future, transferred by gift or otherwise transferred except as permitted under ANCSA.
4. Class D stock does not have preemptive rights to purchase additional stock in Calista.
5. Class D stock will be cancelled by Calista if it is determined that the recipient was not eligible to receive the stock or if the Shareholder violated any condition of holding the stock or furnished false or misleading information during the application process.
6. The Calista Board of Directors may place additional terms and conditions on new stock. Therefore, Class D Shareholders may be bound by other terms and conditions hereafter approved by Board resolution and other legal requirements.

CERTIFICATION AND RELEASE OF INFORMATION

I understand that intentionally entering untrue information on this application is the crime of forgery in the first degree under AS 11.46.500, which is a class B felony, and forgery in the third degree under AS 11.46.510, which is a class A misdemeanor.

I certify the information I furnished on, with, and about this Calista Corporation Enrollment Application is true and complete to the best of my knowledge and belief. I am free to apply for Class D stock and am not enrolled as an original or missed enrollee Shareholder in another ANCSA Regional Corporation. I have read and accept the terms, conditions and restrictions of Class D stock. I hereby authorize Calista Corporation to verify enrollment eligibility with other sources, including but not limited to ANCSA Regional and Village Corporations, the Bureau of Indian Affairs, and federal, state and local agencies. This authorization is limited to the purposes of ANCSA and Shareholder enrollment and all information will otherwise be kept confidential, unless disclosure is required by law. Documents authorized for release by Calista include, but are not limited to, birth certificates, social security numbers, and affidavits. I understand that any false or misleading statement, or intentional omission made in this application will be grounds for Calista to deny this application or revoke the issuance of stock. I understand that submission of this application does not guarantee my enrollment as a Shareholder of Calista Corporation and that required verification documents must be submitted before the application will be processed.

I have read, understood, and accept the **Terms and Conditions** and **Certification and Release of Information**.

Printed Name of Applicant / Sponsor

Relationship to Applicant

Signature of Applicant / Sponsor

Date

Please read and accept the terms and conditions and certification and release of info on this page. **Only complete, signed, and dated applications will be accepted.**