Olgoonik Settlement Trust

TERMINALLY ILL & BEREAVEMENT ASSISTANCE OVERVIEW

PROGRAM OVERVIEW

We know experiencing a terminal illness or losing a loved one can be difficult, which is why Olgoonik set up the Terminally Ill & Bereavement Assistance program. Funding for this program now comes from the Olgoonik Settlement Trust, which was adopted by shareholders and created to provide certain benefits as tax-free to the recipient. While you will not be taxed for this benefit, the Olgoonik Accounting Department still requires a W-9 form to be filled out by each applicant.

Please read the following information for full information on the program and to help you with your application.

DEADLINES

Applications are accepted on a first come, first served basis. Applications for Terminally Ill Assistance are accepted on a rolling basis throughout the year and remain available as budget allows. Applications for Bereavement Assistance must be submitted within three (3) months of the shareholder's passing or before the start of a new fiscal year, whichever is shorter. For example, if a shareholder passes away in November and OC's fiscal year begins on January 1 of the following year, the decedent's benefit must be requested and disbursed before January 1.

COMPLETING THE APPLICATION

Please ensure the application is completed, including marking the boxes for the top two lines indicating if you are applying on your behalf or on behalf of another shareholder. Please be sure to mark which type of assistance you are applying for (Terminally Ill or Bereavement).

We hope the information below helps in completing the application. For additional questions, please contact shareholderservices@olgoonik.com or call (907) 562-8728 (Anchorage) or (907) 763-2613 (Wainwright) and ask to speak with a member of the Shareholder Services team.

FREQUENTLY ASKED QUESTIONS

How is funding distributed?

Funding for this program will be mailed by physical check or applicants may elect direct deposit.

How do I set up a new direct deposit?

To set up a new direct deposit, the following must be submitted with your application:

- Direct Deposit/ACH Authorization Form (included in this packet).
- A voided check or verification from your bank proving account ownership.

What if I already receive direct deposit for my OC dividends?

You will not need to submit the Direct Deposit/ACH Authorization Form included in the packet, voided check or verification from your bank providing account ownership. However, you must verify your identity and confirm your banking information on file with Olgoonik is current and correct.

Will OC verify my bank information?

Yes. For all direct deposits (new or existing), a Shareholder Services team member will contact the applicant by phone to verify identity and information.

How long does direct deposit take to appear in my account?
Direct deposits will normally take at least one full day to appear in your bank account, but may take longer depending on when the application is received and processed. Depending on your bank, some direct deposits made on Friday will not appear in your account until the following Monday. Please allow time for processing and check your bank account for pending ACH transfers.

What if I prefer a paper check?
Applicants who prefer a check in the mail should disregard the Direct Deposit/ACH Authorization form included in the application packet. Please allow for time for delivery of the check via USPS.

What is an authorized representative?
The authorized representative is generally one of the following:

- The applicant applying on his or her own behalf (for Terminally Ill assistance).
- The authorized next of kin or personal representative applying for assistance.
- An alternate person chosen by the next of kin or personal representative who can accept funding.

Do I need to list an alternate representative?
We encourage you to list an alternate representative if any of the following applies:

- You would like the funds to be deposited into a bank account, but you do not have a bank account in your name. Funding will be deposited into the alternate representative's account.
- Funeral arrangements will be in Wainwright but you are unable to drive the OC truck authorized for use. The alternate representative may be authorized to drive.
- You receive assistance from a family member or personal representative in managing your own finances and would like this individual to accept the funding on your behalf.

Do I need to list where funeral arrangements will take place?
We encourage applicants to share this information because part of the Bereavement Assistance program includes the use of an OC vehicle. This portion of the benefit is only available in Wainwright.

What memorial publication will my loved one be listed in?
Olgoonik seeks to honor our shareholders and their memory for friends and loved ones, whether it be a mention in the newsletter, a slide at the Annual Meeting of Shareholders, or other notification in Olgoonik publications. Shareholder names will not be listed unless the box is checked authorizing publication.
If the box is marked 'yes', you may submit a photo of your loved one with the application or Shareholder Services may contact you at a future date for a photo ahead of publication.

Do I need to submit a copy of my loved one's death certificate?
An original or certified copy of a death certificate may be required for verification purposes. If requested by Shareholder Services, a copy must be provided before funding will be distributed.

Please note that the Olgoonik Stock Department will require a death certificate to be submitted to transfer a deceased shareholder's original Class A shares to any heirs if Class A shares were held by the deceased. Please contact OC Stock at OCStock@olgoonik.com or (907) 375-4754 for questions about this process.

Does OC have additional resources available to help families with planning and next steps?
Yes. In 2020, Shareholder Services developed "Losing a Loved One: A resource guide" to provide families with a list of additional resources and information that may be able to help. This non-exhaustive guide is downloadable as a PDF on the Olgoonik Shareholder Portal and a copy will be offered to the family when an application is received. The resource guide contains phone numbers for organizations and links to several websites where information on specific topics can be found.

TERMINALLY ILL & BEREAVEMENT ASSISTANCE APPLICATION

APPLICANT INFORMATION

I AM: ☐ **Applying for myself** ☐ **Applying on behalf of an OC shareholder**

PROGRAM: ☐ **Terminally Ill Assistance** ☐ **Bereavement Assistance**

NAME OF TERMINALLY ILL OR DECEASED SHAREHOLDER | **SHAREHOLDER'S DOB** | **DATE OF TERMINAL ILLNESS OR DEATH**

Required: Please include a copy of the shareholder's original death certificate or copy of a statement from a qualified medical professional verifying the shareholder's terminal illness with this application.

MY RELATIONSHIP TO THE TERMINALLY ILL OR DECEASED IS:

FULL STREET ADDRESS OR **P.O. BOX** | **UNIT/APT. #** | **CITY, STATE** | **ZIP CODE**

PHONE | **EMAIL**

AUTHORIZED REPRESENTATIVE INFORMATION

The following individuals are authorized to receive the benefit funds and/or are authorized to drive the Olgoonik vehicle in Wainwright as part of the Bereavement program:

NAME OF AUTHORIZED REPRESENTATIVE 1	PHONE	EMAIL

NAME OF AUTHORIZED REPRESENTATIVE 2	PHONE	EMAIL

BEREAVEMENT ASSISTANCE – ARRANGEMENT INFORMATION

FUNERAL SERVICES WILL BE HELD IN:

CITY, STATE

If held in Wainwright, the use of an Olgoonik vehicle on designated days is requested: ☐ **Yes** ☐ **No**

I give my permission to list my loved one's full name in Memorial publications by Olgoonik Corporation: ☐ **Yes** ☐ **No**

(If yes, applicant may choose to include a photo, which may be published along with loved one's name.)

VERIFICATION

The Terminally Ill & Bereavement Assistance program was created to alleviate the financial burdens associated with the terminal illness or death of an OC shareholder. To qualify, the terminally ill or deceased must be an Olgoonik Corporation shareholder, either original or inherited. The signer (below) need not be a shareholder, but is required to apply the funds for the sole benefit of the shareholder or shareholder's estate. The budget for this program is limited and funding is available on a first come, first serve basis. In addition to the above, the benefit is subject to the following terms:

- The individual signing this form and accepting benefit funds must be the true and authorized representative of the ill or deceased shareholder, as stated in Olgoonik's program requirements.
- Olgoonik reserves the right to request additional information/documentation to verify application information
- Olgoonik reserves the right to make full or partial payments or to deny payments at its sole discretion based on budget and other factors
- False information or material omissions will result in disqualification from benefits and/or an obligation to return benefits immediately upon written demand by Olgoonik Corporation.
- Changes to the program and requirements may be made at any time and at the sole discretion of Olgoonik without notice.

BY SIGNING BELOW, I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF. I verify that I understand and agree to these terms:

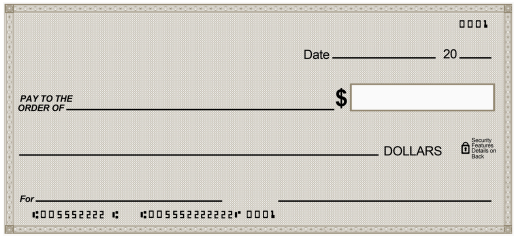
PRINTED NAME | **SIGNATURE** | **DATE**

DIVIDEND DIRECT DEPOSIT ELECTION FORM

FORM NO. 52

INSTRUCTIONS

- **YOU MUST PROVIDE DOCUMENTATION OF ACCOUNT OWNERSHIP**
- You **must** attach a preprinted **VOIDED** blank check or a direct deposit authorization form from the financial institution listed below. Photos or scans of checks will be accepted by email at **ocstock@olgoonik.com**.
- Olgoonik Corporation can only deposit funds into U.S.-based financial institutions — no overseas deposits are permitted.
- Please allow up to 14 days for changes to ACH Deposit to go into effect.
- You can also register for direct deposit by logging into **www.MyOlgoonik.com.**
- **Global Credit Union members:** Your account number is **13 digits** and they must all be included with your account number on this form.



ROUTING NUMBER ACCOUNT NUMBER

THIS AUTHORIZATION IS FOR:

☐ **Yourself**

FULL NAME | **DATE OF BIRTH** | **LAST 4 DIGITS OF SSN**

☐ **Minor under your custodianship (additional minors, use second page of this form).**

FULL NAME | **DATE OF BIRTH** | **LAST 4 DIGITS OF SSN**

YOUR CONTACT INFORMATION

FULL STREET ADDRESS OR **P.O. BOX** | **UNIT/APT. #** | **CITY, STATE** | **ZIP CODE**

PHONE NUMBER | **EMAIL**

☐ **I elect to** receive my payment via ACH direct deposit.

Action (choose one):

☐ **New account**

☐ **Change account**

☐ **Revoke account**

New/Changed Bank Account Information: ☐ **Checking account** ☐ **Savings account**

NAME OF BANKING INSTITUTION

ROUTING NUMBER | **ACCOUNT NUMBER***

**Global CU members, list all 13 digits*

Olgoonik is hereby authorized to deposit my dividend and, if elected, my minor's dividend(s) into the account identified above. I certify that such account exists. This authorization shall remain in effect until I give written notification of any account changes or, in the case of a minor, until minor reaches age 18.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Olgoonik immediately.

SHAREHOLDER/CUSTODIAN SIGNATURE | **DATE**

IDENTITY WILL BE VERIFIED BY PHONE BY PROVIDING LAST 4 OF SSN, BIRTHDATE, ADDRESS OR SHAREHOLDER ID.

FOR INTERNAL USE ONLY

VERIFIED BY/DATE

518 Main St. | P.O. Box 29 | Wainwright, AK 99782
2550 Denali St., Ste. 800 | Anchorage, AK 99503
P: 907-562-8728 | F: 907-562-8751
ocstock@olgoonik.com | olgoonik.com

Olgoonik Corporation

ADDITIONAL MINORS UNDER YOUR CUSTODIANSHIP

FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN
FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN
FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN
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FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN

Olgoonik™ Corporation

FAMILY TREE FORM
TERMINALLY ILL & BEREAVEMENT ASSISTANCE

Olgoonik Settlement Trust

FATHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No

PATERNAL GRANDFATHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No

PATERNAL GREAT GRANDFATHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No

PATERNAL GREAT GRANDMOTHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
MAIDEN NAME:

PATERNAL GRANDMOTHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
MAIDEN NAME:

PATERNAL GREAT GRANDFATHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No

PATERNAL GREAT GRANDMOTHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
MAIDEN NAME:

TERMINALLY ILL/DECEASED SHAREHOLDER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
MAIDEN NAME:

MOTHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
MAIDEN NAME:

MATERNAL GRANDFATHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No

MATERNAL GREAT GRANDFATHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No

MATERNAL GREAT GRANDMOTHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
MAIDEN NAME:

MATERNAL GRANDMOTHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
MAIDEN NAME:

MATERNAL GREAT GRANDFATHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No

MATERNAL GREAT GRANDMOTHER
ALASKA NATIVE: ☐ Yes ☐ No
DEGREE OF NATIVE BLOOD:
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
MAIDEN NAME:

OFFICE USE ONLY
ORIGINAL SHAREHOLDER: ☐ Yes ☐ No
VERIFIED BY:
DATE VERIFIED: