

**STATE OF ALASKA**  
**DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT**  
**DIVISION OF BANKING AND SECURITIES**  
**550 West Seventh Avenue Suite 1850**  
**Anchorage, AK 99501**  
**Phone (907) 269-8140**  
<https://www.commerce.alaska.gov/web/dbs/Banking.aspx>

**INDIVIDUAL AFFIDAVIT**

**Answer every question definitely and completely.**

Each incorporator, partner, director, trustee, and officer of a state chartered Bank, Credit Union, Trust Company, and BIDCO must complete one of these affidavits.

1. In Re: \_\_\_\_\_ Title: \_\_\_\_\_  
(Financial Institution)

**2. PERSONAL INFORMATION**

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

Salutation:  Mr.  Mrs.  Ms.

Date of Birth: \_\_\_\_\_ S.S.N: \_\_\_\_\_

**3. CONTACT INFORMATION**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

**4. RESIDENCY INFORMATION**

I am a resident of:  Alaska  Other: \_\_\_\_\_

Alaska Residents:

Are you eligible to receive an Alaska Permanent Fund Dividend?  Yes  No  
If no, explain fully on a separate sheet marked 'Exhibit 1'

**5. EMPLOYMENT INFORMATION**

Present occupation or profession \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Give detailed statement of occupation for last ten years with dates, names, and addresses of employers. Complete all sections, use a separate sheet if necessary and mark it 'Exhibit 2.

| Date Employed | Date Left Employment | Employer | Present Mailing Address | Nature of Position | Reason for Leaving |
|---------------|----------------------|----------|-------------------------|--------------------|--------------------|
|               |                      |          |                         |                    |                    |
|               |                      |          |                         |                    |                    |
|               |                      |          |                         |                    |                    |
|               |                      |          |                         |                    |                    |
|               |                      |          |                         |                    |                    |

**6. STOCK/SHAREHOLDER INFORMATION**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| a. Do you or your spouse own, or have you in the past thirty (30) days owned, stock or any other securities of this financial institution?<br>If so, state fully the kind, amount, cost to you, and how paid for.<br>_____   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did you or your spouse own stock or any other securities of this financial institution within this period of time but sell prior to this date?<br>If so, state date sold and remuneration received<br>_____   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you or your spouse owe for said stock or securities?<br>If yes, what amount?<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you or your spouse any written contract for additional stock in this financial institution?<br>If so, attach a true copy and mark it 'Exhibit 3.   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. <b>For Banks Only</b> AS 06.05.435(c) Do you own in your own right or jointly with your spouse, free of any encumbrance, common or preferred stock of the state bank or of an entity that controls the state bank that has an aggregate par value, aggregate shareholder's equity, aggregate fair market value of at least \$1,000? | <input type="checkbox"/> | <input type="checkbox"/> |

**7. OTHER COMPENSATION/INDEBTEDNESS**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| a. Will you receive a salary or any other remuneration from this financial institution in the next 12 months?<br>If yes, what amount and for what purpose?<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Will you receive a commission or other remuneration from the sale of securities of this financial institution?<br>If yes, what amount?<br>_____                  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| c. Do you have any written or oral contract or agreement for any percentage of profits, royalties, sales bonus, commission, or additional compensation?<br>If so, attach a true copy and mark it 'Exhibit 4.' | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you, in any capacity, indebted to this financial institution?<br>If yes, state total amount of indebtedness and terms.   | <input type="checkbox"/> | <input type="checkbox"/> |
- 

**8. PROFESSIONAL AND BUSINESS AFFILIATIONS AND MEMBERSHIPS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. How much time will you devote to the business of this financial institution?<br>(Hours, daily, weekly, or monthly.)   |                          |                          |
| <hr style="width: 60%; margin-left: 0;"/>  |                          |                          |
| b. Have you ever been an incorporator, director, trustee, or officer of a financial institution in Alaska or any other state?<br>If yes, in which state, for which financial institution and when?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr style="width: 60%; margin-left: 0;"/>  |                          |                          |
| c. Have you ever been or are you now an officer or director or trustee of any other corporation, company syndicate or association?<br>If yes, attach a separate sheet and mark it 'Exhibit 5. Give the name and address of <b>each company</b> , your title therein, whether it is now a going concern, and if discontinued state why. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are salaries of officers of this company or association paid or to be paid from proceeds of sale of stock?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have you ever been an officer or director in a company or other concern which has become insolvent or been placed in bankruptcy?<br>If yes, attach a separate sheet and mark it 'Exhibit 6'. Give the name and address of company and reasons therefore.  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever been a registered dealer in securities under a stock exchange, NASD, or the Securities and Exchange Commission registration?<br>If yes, which?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr style="width: 60%; margin-left: 0;"/>  |                          |                          |
| g. Do you hold any professional license or registration in Alaska or any other state?<br>If yes, list all other professional licenses or registrations you hold, the state in which the license or registration was obtained, and date of expiration. Attach a separate sheet and mark it 'Exhibit 7' if insufficient space.           | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr style="width: 60%; margin-left: 0;"/>  |                          |                          |
| <hr style="width: 60%; margin-left: 0;"/>  |                          |                          |
| h. List all other professional and business affiliations and societies of which you are a member and length of time you have been affiliated or maintained membership. Attach a separate sheet and mark it 'Exhibit 8' if insufficient space.  |                          |                          |
| <hr style="width: 60%; margin-left: 0;"/>  |                          |                          |
| <hr style="width: 60%; margin-left: 0;"/>  |                          |                          |
| <hr style="width: 60%; margin-left: 0;"/>  |                          |                          |

**9. DISCIPLINARY / INVESTIGATION INFORMATION**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Has this financial institution been formally or informally refused authority to sell its securities in any state, province, or nation?<br>If so, where?<br><br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is this financial institution involved in any pending litigation?<br>If so, explain fully on a separate sheet, marking it 'Exhibit 9'.  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are you or your spouse involved in any pending litigation?<br>If so, explain fully on a separate sheet, marking it 'Exhibit 10'.  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do any judgments exist against you or your spouse as of date of this affidavit?<br>If so, explain fully on a separate sheet, marking it 'Exhibit 11'. If possible, attach a copy of the judgment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you or your spouse a defendant in any civil litigation pending at this time?<br>If so, explain fully on a separate sheet, marking it 'Exhibit 12'.  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever filed a petition in bankruptcy either in an individual capacity or in the name of a corporation in which you own a majority of the shares?<br>If so, explain fully on a separate sheet, marking it 'Exhibit 13'.  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have you ever been charged with, or convicted of, committing a misdemeanor or a felony, or confined in any state or federal institution?<br>(Excluding traffic violations)<br>If so, explain fully on a separate sheet, marking it 'Exhibit 14'.  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have you ever been charged with misrepresentation or a fraudulent act in any transaction or any kind of character?<br>If so, explain on a separate sheet, marking it 'Exhibit 15'. Include the following information: Explanation of when, where, and nature of charge or offense, the court in which the matter was reviewed, the presiding Judge, result of the litigation, any payment made, and an explanation if the case has not been settled or tried. | <input type="checkbox"/> | <input type="checkbox"/> |

**10. Give names and addresses of at least four disinterested references as to character, responsibility, and financial standing.**

| Name of Reference | Occupation | Mailing Address |
|-------------------|------------|-----------------|
|                   |            |                 |
|                   |            |                 |
|                   |            |                 |
|                   |            |                 |

**11. Are there any other items that you wish to disclose regarding your position as incorporator, partner, director, trustee, or officer with this institution?** If so, explain fully on a separate sheet, marking it 'Exhibit 16'.

The following Exhibits are attached to this affidavit (check all that apply):

- Exhibit 1 – PFD Explanation
- Exhibit 2 – Additional Work Experience
- Exhibit 3 – Additional Stock
- Exhibit 4 – Profits, Royalties, Commission etc.
- Exhibit 5 – Officer/Director/Trustee of Another Entity
- Exhibit 6 – Officer/Director of Insolvent or Bankrupt Entity
- Exhibit 7 – Professional Licenses
- Exhibit 8 – Affiliations/Memberships
- Exhibit 9 – Financial Institution Pending Litigation
- Exhibit 10 – Pending Litigation
- Exhibit 11 – Judgments
- Exhibit 12 – Pending Civil Litigation
- Exhibit 13 – Bankruptcy Petition
- Exhibit 14 – Misdemeanor or Felony
- Exhibit 15 – Misrepresentation or Fraudulent Charge
- Exhibit 16 – Other

STATE OF \_\_\_\_\_

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, the statements contained in this affidavit are true and correct, and that all credentials supplied by me to support this affidavit are true and correct. I understand that any falsification of my credentials or omission of material fact may result in the subsequent removal from my position as an incorporator, partner, director, trustee, or officer by the department.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(NOTARIAL SEAL)