Alaska Permanent Fund Dividend

2021 Application on Behalf of a Child Estate

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04013

(Under 18 years of age on date of death)

Use this form if you are applying for a child that did not apply for a 2021 dividend and:

- who died during the period June 29, 2020, and ending December 31, 2020 and received a 2019 dividend or
- who died during the period beginning January 1, 2021, and ending at midnight March 31, 2021.

Check if you are a:

◯ personal representative of the estate; or
◯ successor claiming personal property under AS 13.16.680

Enclose a copy of:

- The child's death certificate, and
- An affidavit naming you as the authorized representative of the estate.

CHILD'S SOCIAL SECURITY NUMBER ___ - ___ - ___ **CHILD'S DATE OF BIRTH** ___ - ___ - ___ (Month Day Year) ◯ **MALE** ◯ **FEMALE**

Failure to provide a valid SSN will subject this dividend to 24% backup withholding by the IRS.

CHILD'S FIRST NAME **M.I.** **CHILD'S LAST NAME**

MAILING ADDRESS (OF SUCCESSOR OR REPRESENTATIVE) **APT #** **CITY** **STATE** **ZIP CODE**

LAST STREET OR PHYSICAL ADDRESS OF APPLICANT (REQUIRED BY LAW, NO PO BOXES, CHECK HERE ☐ IF SAME AS MAILING)

Shade circles like this: ● Not like this: ☒

1. Are you this child's natural or legally adoptive parent or adult relative? If NO, **complete Question 13** on the back of this form AND attach an explanation of why you are filing for this child. YES ◯ NO ◯

2. Did this child live with you for a majority of 2020 or since the child's birth or adoption during 2020? *If NO, **complete Question 14** on the back of this form AND attach an explanation as to why you are filing for this child.* YES ◯ NO ◯

3. Did this child receive a 2020 dividend? *If NO, **complete Questions 11 through 13** on the back of this form. If this child was born outside of Alaska and this is the first application for this child, send the following with this application:* YES ◯ NO ◯
   - Child's original birth certificate or true certified copy, passport or naturalization papers. (Not a photocopy or hospital certificate)
   - Self-addressed stamped envelope for return of documents.

ABSENCES - Failure to disclose reportable absences constitutes fraud.

4. A. During 2020, was this child gone from Alaska more than 90 days total? YES ◯ NO ◯

   B. During 2020, was this child gone from Alaska more than 180 days total? YES ◯ NO ◯

   *If YES to A or B, **complete Questions 8 through 12** on the back of this form.*

5. Was this child a United States citizen? *If U.S. National non-naturalized choose NO and **complete Question 16**.* YES ◯ NO ◯

   If NO, **complete Questions 15 and 16** on the back of this form.

Numbers 6 and 7 intentionally not used.

Filing Deadline: March 31, 2022

Read the Following Statements and Sign Below

Note: "Date of application" means the date on which an application for a dividend is timely filed or delivered per 15 AAC 23.993 (b)(1)&(2).

I certify that on the date of application, the minor named on this application:

- Was born to or adopted by an Alaska resident after December 31, 2019, **OR**
  - Was an Alaska resident for all of 2020 and/or through the date of decease, AND
  - Was physically present in the state of Alaska for at least 72 consecutive hours in 2019 or 2020.

I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:

- I will lose this and all future dividends.
- I will be required to pay back all dividends I have been paid.

I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:

- I could lose this dividend and my next five dividends.
- I may have to pay a fine of up to $3,000.

Release of Information: I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify this child's eligibility for the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, and the Alaska DHSS, Division of Public Assistance and Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

I certify that the information I am supplying on and with this form is true and correct.

Sponsor's Signature **Date**

Sponsor's Social Security Number **Sponsor's Date of Birth**

Sponsor's First Name **M.I.** **Last Name**

Daytime Telephone **E-mail**

CHILD'S NAME (First, MI, Last)

Read Each Question Carefully.

Answer Questions 8-12 if you answered YES to Questions 4A or 4B

8. If this child left Alaska before January 1, 2020, enter the date the child actually left. List all dates this child was absent from Alaska in 2020 through the date of this application. For each type of absence, write the absence reason code in the space provided and list the dates on separate lines. All absence reason codes are detailed below. If this child had more absences than the number of lines provided below, list on an attachment.

Code (A-Q)	Absence Began Date Month / Day / Year			Absence End date Month / Day / Year		

Why was this child absent?

Absence Codes

A. Accompanied an **eligible adult Alaska resident.**

B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). *Download an Education Verification form at www.pfd.alaska.gov. See Q for secondary education.*

D. Received continuous medical treatment under a physician's care. *Download a Medical Treatment Verification form at www.pfd.alaska.gov.*

G. Trained or competed as a member of the U.S. Olympic team. Attach proof.

I. Other reasons, including business or vacation. Attach explanation.

L. Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.

N. Provided care for a terminally ill family member. *Download a Physician's Statement for Terminally Ill Care form at www.pfd.alaska.gov.*

O. As part of a legal custody agreement. Attach a copy of the agreement in effect during calendar year 2020.

Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). *Download an Education Verification form at www.pfd.alaska.gov.*

S. Permanently relocated outside Alaska.

9. Was this child out of state with a person other than yourself? *If YES, name that person below.* YES ◯ NO ◯

Name of Person	Relationship to Child
Mailing Address	
City, State, Zip Code	Telephone Number

10. Was the person listed in Question 9 an Alaska resident for all of 2019? YES ◯ NO ◯

11. Was this child born to or adopted by you during 2019 or 2020? *(Attach complete copy of adoption papers)* BORN TO ◯ ADOPTED BY ◯ NO ◯

12. Was this child present in Alaska for at least 72 consecutive hours during 2019 or 2020? YES ◯ NO ◯
If YES when was this child most recently in Alaska?

2019 ◯ 2020 ◯

Attach documentation showing this child was in Alaska in the year indicated unless this child was born to or adopted by you during 2019 or 2020.

Answer Question 13 if you answered NO to Question 1 or 3.

13. Print this child's name as it appears on this child's birth certificate.

First Name | M.I. | Last Name

U.S. Birth State | Country of Birth (If not U.S.) | Your Relationship to Child

Date Child's Most Recent Alaska Residency Began: Month | Day | Year

Your Telephone Number: ( ) -

Other Parent or Qualified Sponsor if in the Same Household

First Name | M.I. | Last Name

Birth Date (Month-Day-Year) | SSN | Relationship to Child

If you are not an adult relative of this child, attach an explanation.

Answer Question 14 if you answered NO to Question 2.

14. Person who had physical custody of this child for a majority of 2020.

Name of Person	Relationship to Child
Mailing Address	
City, State, Zip Code	Telephone Number

Was this person an Alaska resident for all of 2020? YES ◯ NO ◯

Attach an explanation of why you are filing for this child.

Answer Questions 15 & 16 if you answered NO to Question 5.

15. What is this child's alien registration number and PRC expiration?

A- | EXPIRATION DATE (mm/dd/yyyy) / /

16. What was this child's legal immigration status on December 31, 2019?

◯ Resident ◯ Asylee

◯ Refugee ◯ U.S. National (non-naturalized)

◯ VISA | VISA TYPE | EXPIRATION DATE (mm/dd/yyyy) / /

If this is the first time you are applying for a dividend for this child, attach a copy of the front and back of this child's visa or alien registration card.

Mail this application to Alaska Department of Revenue, PO Box 110462, Juneau, AK 99811-0462

www.pfd.alaska.gov