

Alaska Permanent Fund Dividend
**2009 Application on Behalf
of an Adult Estate**
(Person 18 or older on date of death)



04011

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Use this form if you are applying for an adult who died during the period beginning January 1, 2009, and ending at midnight March 31, 2009, and did not apply for a dividend.

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 adult's death certificate, and
- * An affidavit or will naming you as the authorized representative of the estate.

APPLICANT'S SOCIAL SECURITY NUMBER -- APPLICANT'S DATE OF BIRTH -- MALE
Failure to provide a valid SSN will subject this dividend to 28% withholding by the IRS. Month Day Year FEMALE

APPLICANT'S FIRST NAME M.I. LAST NAME

ADDRESS FOR MAILING PFD CHECK APT # CITY STATE ZIP CODE

Shade circles like this: Not like this:

1. Did the applicant receive a 2008 dividend? *Answer YES even if the dividend was assigned or garnisheed. If NO, complete Question 11 on the back of this form AND complete the Adult Supplemental Schedule and attach it to this completed application.* Yes No

2. Did the applicant die during the period beginning **January 1, 2009** and ending at midnight **March 31, 2009**? *If No, explain below.* Yes No

3. A. During 2008, was the applicant gone from Alaska more than 90 days total? Yes No
If YES, complete Question 8 on the back of this form AND Parts B & C, on the Adult Supplemental Schedule and attach it to this completed application.

B. During 2008, was the applicant gone from Alaska more than 180 days total? Yes No
If YES, complete Questions 8 through 10 on the back of this form AND the Parts B & C of the Adult Supplemental Schedule and attach it to this completed application.

4. Was the applicant a United States citizen? *If NO, complete Questions 12 and 13 on the back of this form.* Yes No

5. At any time since December 31, 2007 had the applicant been on active duty as a member of the **U.S. Armed Forces** or activated as a member of the U.S. Guard or Reserve? *Civilians, non-activated Alaska National Guard members and Alaska Reservists answer NO.* Yes No

Number 6 and 7 intentionally not used.

Filing Deadline: March 31, 2010

Provide the name, address and telephone number of an adult Alaska resident who can verify the applicant's residency.
VERIFIER'S SIGNATURE NOT REQUIRED

Full Name	Date
Mailing Address	
City, State, Zip Code	Daytime Telephone Number ()
SSN (Optional)	

Read the Following Statements and Sign Below

I certify that the adult named on this application:

- Was an Alaska resident for all of 2008.
- Did not claim residency in another state.
- Was in the state of Alaska for at least 72 consecutive hours in 2007 or 2008.

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 Alaska Department of Revenue to obtain confidential information necessary to verify the applicant's eligibility. I authorize the release of confidential records necessary to verify eligibility from any public agency including the Social Security Administration; Internal Revenue Service; Alaska Department of Health and Social Services, Division of Public Assistance and Office of Children's Services. 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.

Your Signature	Date
Your Full Name	Daytime Telephone Number ()
Mailing Address	
City, State, Zip Code	SSN (Optional)

Read Each Question Carefully.

Answer question 8 if you answered YES to questions 3A or 3B.

8. List all dates the applicant was absent from Alaska in 2008. If the applicant left before January 1, 2008, enter the date the applicant actually departed. For each type of absence, write the absence code in the space provided and list the dates on separate lines. Attach additional sheets as needed for explanation. All absence codes are detailed below. If the adult had more absences than the number of lines provided below, you may download the Additional Absence Form from our web site.

Code (A-Q)	Absence Begin Date Month / Day / Year			Absence End Date Month / Day / Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Why was the applicant absent?

Absence Codes

- A.** Accompanied an **eligible Alaska resident** as the resident's spouse. Complete question 11B.
- B.** Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). *You may download our Education Verification form at www.pfd.alaska.gov. See Q, in next column for secondary education.*
- C.** Served as a member of the U.S. Armed Forces. Attach a copy of the applicant's orders.
- D.** Received continuous medical treatment under a physician's care. *You may download our Medical Treatment Verification form at www.pfd.alaska.gov.*
- E.** Served as a member of Alaska's congressional delegation or staff.
- F.** Served as a volunteer in the federal Peace Corps program. Attach proof.
- G.** Trained or competed as a member of the U.S. Olympic team. Attach proof.
- H.** As a requirement of employment by the State of Alaska.
- I.** Vacationed.
- J.** Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.
- K.** Other reasons, including business. 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.
- M.** Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.
- N.** Provided care for a terminally ill family member.
- P.** Employed aboard a vessel of the U.S. Merchant Marine.
- Q.** Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). *You may download our Education Verification form at www.pfd.alaska.gov. See B for postsecondary education.*
- R.** Participated for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State.

Answer questions 9 and 10 if you answered YES to 3B.

9. Had the applicant ever lived in Alaska as a resident for at least 180 days immediately before the first absence listed in Question 8? *If YES, list the dates of the most recent 180 day period before the first absence listed in Question 8.* YES NO

From (Month-Day-Year) Through (Month-Day-Year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. Was the applicant in Alaska for at least 72 consecutive hours during 2007 or 2008? YES NO

If YES, when was the applicant most recently in Alaska?

2007 2008 *Attach documentation showing the applicant was in Alaska.*

Answer question 11 if you answered NO to question 1.

11A. Print the applicant's name as it appears on the birth certificate.

First Name M.I. Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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U.S. Birth State Country of Birth (If not U.S.)

<input type="text"/>	<input type="text"/>
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11B. *If married, print spouse's name.*

First Name M.I. Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Spouse's Social Security Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Spouse's Date of Birth (Month-Day-Year)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Answer questions 12 & 13 if you answered NO to question 4.

12. What is the applicant's alien registration number?

A-

13. What was the applicant's legal immigration status on December 31, 2007?

- Resident Asylee
- Refugee Other (Attach explanation)

If this is the first time the applicant is applying for a dividend, attach a copy of the front and back of the visa or alien registration card.

www.pfd.alaska.gov