

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceeding of _____)
Minor _____)
Date of Birth: _____)

CASE NO. _____

**PETITION TO RECEIVE FUNDS
ON BEHALF OF A MINOR
(AS 13.26.440)**

Petitioner asks the court to authorize _____ to receive the funds described below on behalf of the minor named above and to

- manage the funds as custodian under the Alaska Uniform Transfers to Minors Act (AS 13.46.010 - .999) until the minor reaches age 18.
- deposit the funds in the following trust: _____
- deposit or use the funds as follows: _____

1. Petitioner's Full Name _____ Age _____
Petitioner's Mailing Address _____
(box or street number) (city) (state) (ZIP)
Petitioner's Daytime Phone _____
Relationship to Minor _____

2. Nominated Guardian (if not Petitioner) _____ Age _____
Mailing Address _____
(box or street number) (city) (state) (ZIP)
Daytime Phone _____
Relationship to Minor _____

3. Minor's Full Name _____ Age _____
Minor's Physical Address _____
(box or street number) (city) (state) (ZIP)
Minor's Daytime Phone _____

4. Description of Funds.
 The funds are the proceeds of a life insurance policy on the life of (name) _____ who died on (date) _____.
The deceased person was the minor's (describe relationship) _____
Name of Insurance Company: _____
Address of Insurance Company: _____
Policy No. _____ Amount Owed to Minor: _____

I received a letter dated _____ from the insurance company stating that the company cannot pay the minor's money to me unless I am the minor's legal guardian. I am attaching a copy of this letter.

Other funds (provide as much detail on the type of funds and explain why you need authorization to receive funds): _____

5. The minor's mother is living. deceased.
Mother's full name _____
Mother's Mailing Address _____
(box or street number) (city) (state) (ZIP)
Mother's Daytime Phone _____

6. The minor's father is living. deceased.
Father's full name _____
Father's Mailing Address _____
(box or street number) (city) (state) (ZIP)
Father's Daytime Phone _____

7. Name of person who has physical custody of the minor _____
Mailing Address _____
(box or street number) (city) (state) (ZIP)
Daytime Phone _____

8. The minor is is not married.

9. Has a guardian or conservator been appointed for the minor by any court? No.
 Yes. If yes, explain (include court location and case number, if known):

Name and address of guardian/conservator: _____

10. Are there any other proceedings for the appointment of a guardian or conservator pending in any court? No. Yes. If yes, explain (include court location and case number, if known): _____

11. Are there any other court proceedings involving this minor? No. Yes. If yes, explain (include court location and case number, if known): _____

12. If authorized to become the custodian of this money under the Alaska Uniform Transfers to Minors Act (UTMA), the custodian must manage the money for the benefit of the minor in accordance with the UTMA. Petitioner understands that, among other things, the UTMA requires the custodian to:
- a. keep these funds separate from the custodian's funds and anyone else's funds at all times,¹
 - b. keep records of all transactions concerning these funds,²
 - c. manage and invest the funds and the funds' earnings to benefit the minor, and in dealing with the funds, observe the standard of care that would be observed by a prudent person dealing with property of another,³
 - d. when depositing the funds at financial institutions (banks, stock brokers, etc.), name the accounts as follows: " (Custodian's Name) as custodian for (Minor's Name) under the Alaska Uniform Transfers to Minors Act,"⁴ and
 - e. transfer the funds to the minor when the minor reaches age 18.⁵

The UTMA allows the custodian to pay to the minor or spend for the minor's benefit as much of these funds as the custodian considers advisable for the use and benefit of the minor.⁶

_____	_____
Date	Signature of Petitioner or Petitioner's Attorney
	If attorney, print name and bar number:

Verification

I state on oath or affirm that I have read this petition and that all statements made in it are true to the best of my knowledge and belief.

_____	_____
Date	Petitioner's Signature

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____.

_____	_____
Date	Clerk of Court, Notary Public, or other person authorized to administer oaths.
(SEAL)	My commission expires: _____

¹ AS 13.46.110(d)

² AS 13.46.110(e)

³ AS 13.46.110

⁴ AS 13.46.080(a)(2)

⁵ AS 13.46.190(2)

⁶ AS 13.46.130(a)