



Shareholder Information Form

CHECK ALL THAT APPLY

Changes to Contact Information

Address Change

Changes to Banking Information

New Direct Deposit
 Delete Direct Deposit

Apply to Distribution Type

SST
 Elder Benefit
 Both

| | | | |
|---|-------------------------------|---|---|
| SHAREHOLDER NAME | | CUSTODIAN/GUARDIAN NAME <i>(for minor or ward)</i> | |
| | | | |
| NEW CONTACT INFORMATION ***** <i>Only complete if changes are required</i> ***** | | | |
| Mailing Address | | | |
| | | | |
| Phone <i>(mark which applies)</i> | Home <input type="checkbox"/> | Cell <input type="checkbox"/> | Email Address |
| | | | |
| Allow Text Message | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Head of Household Yes <input type="checkbox"/> No <input type="checkbox"/> |

NEW BANKING INFORMATION ***** *Only complete if changes are required* *****

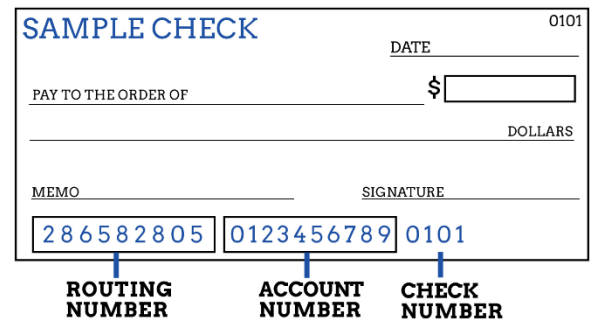
Bank/Financial Institution Name _____

Account Type: **Checking** **Savings**

Electronic Routing Number _____
(Must be 9 digits)

Bank Account Number _____
(Full account number)

A voided check or deposit slip should be included.



NOTE: Banking information shall comply with Alaska Uniform Transfers to Minors Act

I certify that I am the owner of this account and that the information provided on this form is true and correct to the best of my knowledge. I authorize and request Afognak Native Corporation ("ANC"), ANC Shareholder Settlement Trust (SST) and/or the Afognak Benefits Trust (ABT) to change my contact information and/or use the financial information provided here to issue my SST Distribution and/or my ABT Elder Benefit. I understand that I will not receive an ACH statement but can request a copy. I also understand that my distribution (check or direct deposit) will be held if my mail has returned to ANC multiple times due to a bad address until my address is updated.

Shareholder Authorization Signature or Custodian/Guardian

Date

Last 4-digits of SSN

Log in to the portal at [my.Afognak](#) to update your contact and/or banking information online!

Or: Deliver, Mail, Fax, or Email completed form with required documentation to one of the locations listed below:

- | | | | |
|---|--|---|---|
| Shareholder Services 888-292-9580 (P) or 907-334-9566 (F) shareholderservices@afognak.com | Kodiak Headquarters 300 Alimaq Drive Kodiak, AK 99615 | Anchorage Office 3909 Arctic Blvd., Ste. 500 Anchorage, AK 99503 | Port Lions Office 2006 Airport Road / PO Box 24 Port Lions, AK 99550 |
|---|--|---|---|

Please contact Shareholder Services with any questions or if you need assistance completing this form.