



**CHANGE OF ADDRESS  
and/or  
AUTHORIZATION FOR  
DIRECT DEPOSIT OF SHAREHOLDER DISTRIBUTION**

**Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Change of Address     | <input type="checkbox"/> Initial Enrollment for Direct Deposit |
| <input type="checkbox"/> Cancel Direct Deposit | <input type="checkbox"/> Change Account Information            |

*NAME & SSN REQUIRED*

<b>Shareholder Name:</b>	<b>Social Security Number:</b>
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**ADDRESS.**

<i>Mailing Address:</i>	<i>Shareholder Phone Number:</i>
<i>City/State/Zip:</i>	<i>E-mail Address:</i>
<i>Shareholder ID Number:</i>	<i>Taken By:</i>

**BANKING INFORMATION.**

**NOTE:** Please provide all information requested below. **COMPLETE** Bank Information **MUST** be provided.

<i>Bank/Financial Institution Name:</i>	<i>Shareholder Account Number:</i>
<i>Check One:</i> <input type="checkbox"/> Savings <input type="checkbox"/> Checking	<i>Your Bank's ELECTRONIC ROUTING NUMBER:</i> <small>(Call your bank to obtain this number. Your Direct Deposit Request cannot be completed without this number.)</small>

By my signature, I authorize and request Koniag, Inc. to change my address and/or deposit the amount of my shareholder distribution to the financial institution listed until I notify Koniag of a change or cancellation.

**X** \_\_\_\_\_  
**Shareholder/Authorizing Signature** **Date**

**HEAD OF HOUSEHOLD INFORMATION.**

Are you the only Shareholder in your household?       Yes     No

Do you wish to participate in Koniag's "Household Mailing" Program?       Yes     No

Who, in your household, should be marked as "Head of Household?" \_\_\_\_\_

List the names of other shareholders in your household:

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

SH ID: 09 -

Initials: \_\_\_\_\_

**Return Completed Form to:**

Koniag, Inc.  
 104 Center Ave, Ste 205  
 Kodiak, AK 99615

**If you have questions, please call:**  
 1-800-658-3818  
 (907) 486-2530