

Address Change Form



Change of address can be made by submitting this form.

PERSONAL INFORMATION		Check One: <input type="radio"/> Shareholder <input type="radio"/> Descendant	
Name:	First Name / Middle Initial / Last Name	Last 4-digits of SSN: (xxxx)	
Mailing Address:		City	State Zip Code
Home Number:	Home Number:	Mobile Number:	
Email Address:	Would you like to receive electronic updates from Koniag?		
Auto Phone Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No		Text Messages: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CUSTODIAN INFORMATION		If applicant is a minor (under age 18), provide information of the Custodian/Guardian.	
Name:	First Name / Middle Initial / Last Name		
Mailing Address:		City	State Zip Code
Telephone:	Email:	Last 4-digits of SSN: (xxxx)	



Signature (or Custodian/Guardian)

Date

I certify that the information provided on this form is true and correct to the best of my knowledge.

DELIVER, MAIL, FAX OR EMAIL FORM

Shareholder Records
194 Alimaq Drive
Kodiak, AK 99615
P: 907-486-2530 or toll free: 800-658-3818
F: 907-486-3325
E: shareholderrecords@koniag.com

Shareholder Records
3800 Centerpoint Drive, Ste 700
Anchorage, AK 99503
P: 907-561-2668 or toll free: 800-658-3818
F: 907-562-5258
E: shareholderrecords@koniag.com

For Office Use Only:	Entered by: _____	Date: _____	Verified by: _____	Date: _____
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