Name Change Form



Changes can be made by submitting the following:

Ц	Completed <i>Name Change</i> form from the Shareholder/Descendant directly	
	Copy of legal document authorizing the change of name (marriage certificate, divorce decree, e	tc.)

PERSONAL INF	ORMATION		Check One:	Shareholde	er Descend	dant
Name:	First Name	1	Middle Initial	/	Last Name	Last 4-digits of SSN: (xxxx)
Mailing Address: Cit		у	State	Zip (Code	
Home Number:			Work/Message	e Number:		Mobile Number:
Email Address:		Would you like to receive electronic updates from Koniag?				
			Auto Phone M	lessage: 🗌 Yes	□ No	Text Message: ☐ Yes ☐ No
NAME CHANGE	INFORMATION					
Previous Name:	First Name	/	Midd	le Initial	/ L	ast Name
Updated Name:	First Name	/	Midd	lle Initial	/ I	ast Name

- I certify that the information provided on this form is true and correct to the best of my knowledge.
- I understand that any certificated stock certificate(s) needed to make this name change will be cancelled and new certificate number(s) will be issued to me under my new name.

I have read and understand the information provided in this form.

(Shareholder Signature)			
DATED this	day of	,	
(Day		(Year)	

DELIVER OR MAIL FORM

Shareholder Records 194 Alimaq Drive Kodiak, AK 99615

P: 907-290-8492 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