## **KUUKPIK CORPORATION**

## Authorization for Direct Deposit of Kuukpik Dividends

I hereby authorize KUUKPIK CORPORATION to initiate credit entries to this bank account, and if necessary, to initiate any corrections and adjustments for any credit entries in error to my depository account specified below. This authority is to remain in full force and effect until KUUKPIK CORPORATION has received written notification from me of its termination in such time and is such manner as to afford KUUKPIK CORPORATION and the Depository a reasonable opportunity to act on it.

(Please verify the numbers with your bank. If you provide an incorrect routing number of account number, your direct deposit may be rejected or deposited to an incorrect account.)

STOCKHOLDER INFORMATION					
The following authorization is for (check of	one)	De	pendent		
Stockholder Full Name: (please print)				Phone:	
Stockholder Identification Number:				Date of Birth:	
Minors/ Dependents:			Mailing Address:		
Social Security Number:			Is this a new address: □ Yes □ No		
DIRECT DEPOSIT/ ELECTRON FUNDS TRANSFER AUTHORIZATION					
I hereby authorize and request Kuukpik Corporation to deposit my dividend into the following:			☐ Checking Account ☐ Savings Account		
Name on Dividend:					
Name on Account:					
Bank/ Financial Institution:			Bank Phone:		
Branch:					
City: Star			ite:		Zip:
Routing Number:					
Account Number:					
Form completed by (if different than Account Holder Name, please print):					
I have attached a voided check/ or other financial institution document for the bank as indicated above showing my account number and routing number.					
Submit Completed Form & Voided Check to:	Kuukpik Corporatio P.O. Box 89187 Nuiqsut, Alaska 997		or	fax to	0 (907) 480-6126
Shareholder Printed Name		Le	Legal Guardian Printed Name (if applicable)		
Signature (if under 18, signed by legal guardian)		Da	nte		
Office Use Only/ Received By:	Date:				