



Shareholder Change of Address Form:

Name (first,middle,last): _____

Social Security #: _____ - _____ - _____ | Date of Birth: _____

Phone #: _____ | Other Phone #: _____

Email Address: _____

Please Note: If you have had any changes in your name, please send a legal document that states your new name along with this form

Current Address:

P.O. Box / Street Address: _____

City: _____ | State: _____; Zip Code: _____

C/O (if applicable): _____

***All future correspondence from the Sitnasuak Shareholder Department will be mailed to the current address indicate above.*

Old Address:

P.O. Box / Street Address: _____

City: _____ | State: _____; Zip Code: _____

C/O (if applicable): _____

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

Signature: _____

Date: _____

Shareholder Liaison's Initials: _____