

Shareholder Records Change of Information Form

Address	Name	Birthdate	Social Security Number	Custodian	Other	
		(Circle all that apply)			

Note: To Change anything other than an address requires additional documentation. Please contact the Shareholder Department for more information.

Na	me (please print):
Da	e of Birth:
Soc	ial Security Number:
Minor shareh	olders in household:
Name:	Date of Birth
	Old Address:
	New Address:
F	hone Number:
E	mail Address:
I certify that the info	rmation provided on this form is true and correct to the best of my knowledge.
Signature:	Effective Date:

You must print this form, SIGN it, and mail or fax it to:

DELOYCHEET, INC., P.O. Box 228, Holy Cross, Alaska 99602 Phone: (907) 476-7177 Toll-free: (800) 478-7177 Fax: (907) 476-7176