

# DIVIDEND DIRECT DEPOSIT FORM

# NANA



NANA Regional Corporation, Inc., Attn: Shareholder Records, PO Box 49, Kotzebue, AK 99752  
 For assistance, call (907) 442-3301 or (800) 478-3301. Fax (907) 343-5758 Email: records@nana.com

## SECTION A

New Account <input type="checkbox"/> Change Account <input type="checkbox"/> Cancel Account <input type="checkbox"/> Effective date: _____	
If canceling Direct Deposit, skip section A and fillout section C	
Name(s) on Bank Account	
Name of Bank	Bank City / State / Zip Code
Account Type	If adding or changing a child's account, whose name is on the account?
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Child's <input type="checkbox"/> Custodian <input type="checkbox"/> Both <input type="checkbox"/>

## SECTION B

### REQUIRED

Tape a voided check here or provide a bank deposit slip or copy of applicant's bank statement.

**Bank Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

## SECTION C

Any children you are the custodian for will be included in the direct deposit.

I authorize NANA Regional Corporation, Inc. to initiate credit entries to the bank account indicated above and, if necessary, to initiate any corrections and adjustments for any credit entries in error to the account indicated above. All adults listed above must sign and must be named on the bank account. If a child is listed above, the person who agreed to be the custodian of the child's NANA stock must sign. Cancellation of direct deposit will take effect the day the form is processed and/or at the specified date. This authority is to remain in full force and effect until NANA has received written notification from me of its termination in such a manner as to afford NANA and the above bank reasonable opportunity to act on it.

Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)	Signature
DOB: month/day/year / /	Social Security Number: - -		Phone Number	
Address		City	State	Zip

Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)	Signature
DOB: month/day/year / /	Social Security Number: - -		Phone Number	
Address		City	State	Zip

**Please mail, fax or email this completed form to:**

NANA Regional Corporation, Inc.,  
 Attn: Shareholder Records Department  
 PO Box 49  
 Kotzebue, AK 99752

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 Email: records@nana.com