

INSTRUCTIONS: Complete all sections of the form.
 For checking accounts, attach a voided check.
 For savings accounts, verify your routing number with your bank (depository).
 Forward the completed form to Natives of Kodiak, Inc. (NOK) at the address below.

COMPANY NAME: NOK Shareholder Permanent Fund Trust

COMPANY ID NUMBER: 2040146207

Select One: New Change Delete

BENEFICIARY INFORMATION

NOK ID Number 09-262-_____ - _____	Beneficiary Name (your name)
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DEPOSITORY INFORMATION

Depository Name	Branch Office Name		
Street Address	City	State	Zip

DEPOSIT INSTRUCTIONS

Routing Number: _____ (First set of numbers at the bottom of your check.) Account Number: _____ Select One <input type="checkbox"/> Checking <input type="checkbox"/> Savings	<p><u>IMPORTANT</u></p> <p>ATTACH A VOIDED CHECK</p> <p>DO NOT USE THE ROUTING NUMBER ON YOUR SAVINGS DEPOSIT SLIP</p>
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AUTHORIZATION

I hereby authorize NOK Shareholder Permanent Fund Trust (COMPANY) to initiate automatic deposits to my account at the depository (DEPOSITORY) named above. I also authorize COMPANY to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold COMPANY responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my DEPOSITORY or due to an error on the part of my DEPOSITORY in depositing funds to my account.

This authorization is to remain in effect until COMPANY receives a written notice of cancellation from me or my DEPOSITORY, or until I submit a new direct deposit form to COMPANY.

 Print Name xxx-xx-_____
SSN (Last 4 Digits Only) _____
Phone Number

 Signature _____
Date