



Stop-Payment Request

This STOP-PAYMENT REQUEST is for:

Myself

My ward, for whom I am custodian

My Name

Last _____ *First* _____ *Middle Int.* _____

My Social Security Number _____

(Give your wards name if only this request is for your ward)

My Wards Name

Last _____ *First* _____ *Middle Int.* _____

Address

Street/P.O.Box/Apartment _____

City _____ *State* _____ *Zip Code* _____

All further mail from the Shareholder Affairs Department will be **sent to this address** and it can only be changed upon your request.

Home Phone _____ *Cell Phone* _____ *Work Phone* _____ *Other* _____

Email Address _____

Check Number _____ Date of Check _____

The Check is a: Dividend 7(j) Distribution

The Reason for the Stop Payment: ... _____

Through my signature below, I acknowledge my understanding that this stop-payment cannot be cancelled. If I receive the check I am now placing a stop-payment on, I understand that I should not cash it, and I agree to bring or mail said check to The Aleut Corporation so that the Corporation can issue a replacement check to me. I understand that if I cash a check I have placed a stop-payment on, and if that check should clear the bank and I receive duplicate payment, The Aleut Corporation has the right to withhold future dividend payments until the Corporation has been reimbursed.

Signature: _____

Date: _____

Please mail your completed form to: The Aleut Corporation
Attention Shareholder Affairs
4000 Old Seward Highway, Suite 300
Anchorage, Alaska 99503

To Be Completed By Shareholder Affairs Department

Shareholder ID #: _____

Wards #: Yes No _____

Verified By: _____

Date: _____

Voided Check #: _____

Check Date: _____

Check Amount: _____

Reissued Check #: _____

Check Date: _____

Check Amount: _____

Reissue Requested By: _____

Date: _____

Reissue Authorized By: _____

Date: _____

Date Mailed: _____