Natives of Kodiak, Inc. Authorization for Automatic Direct Deposit



| INSTRUCTIONS |
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SELECT ONE:

Complete all sections of the form
For checking accounts, attach a
For so voided check
routi

□ Change

For savings accounts, obtain the routing number from your bank

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|----------|-------|---------|------|
| SHAREHOL | INFUR | ΙνίΑΤ | IUN |

| Your Name: | NOK | Shareholder ID No: | |
|-----------------|--------|-----------------------|--|
| Address: | Phone: | | |
| City/State/Zip: | Email: | | |

□ Delete

Check here if this is a new address.

□ New

BANK INFORMATION

| Depository Name | Branch Office Name |
|------------------------------------------------------------------------|--------------------------|
| Street Address | City State Zip |
| Bank Routing Number (First set of numbers at the bottom of your check) | Your Bank Account Number |
| Check one: 🗌 Checking 🗖 Savings | |

IMPORTANT

- ATTACH A VOIDED CHECK HERE
- DO NOT USE THE ROUTING NUMBER FROM YOUR SAVINGS DEPOSIT SLIP

<u>PLEASE NOTE:</u> Submit your direct deposit authorization prior to the first day of the month in which a distribution is scheduled to be paid in order to ensure that your banking information is current for the upcoming distribution.

Beginning with the September 2019 distribution we will no longer mail a *Direct Deposit Advice* to shareholders unless requested.

AUTHORIZATION

I hereby authorize Natives of Kodiak, Inc., the NOK Shareholder Permanent Fund Trust and the NOK Benefits Trust (COMPANIES) to initiate automatic deposits to my account at the depository (DEPOSITORY) named above. I also authorize COMPANIES to make withdrawals from this account if a credit entry is made in error. Further, I agree not to hold COMPANIES 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 COMPANIES receives a written notice of cancellation from me or my DEPOSITORY, or until I submit a new direct deposit form to COMPANIES.

| Signature | | Date | | | |
|-----------|-----------------|-------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|--|
| Print Nam | ne | | | | |
| | Return form to: | Natives of Kodiak, Inc. 215 Mission Rd Suite 212 Kodiak, AK 99615 | Email: Fax: | shareholders@nativesofkodiak.com (907) 486-2745 | |
| | | Questions? Please call us at (907) | 7) 486-3606 or toll-free at (800) 648-8462 | | |