

## Natives of Kodiak, Inc. Name Change Form

If you have had a legal name  ☐ Completed Name Ch ☐ A copy of the legal d divorce decree, etc.	nange ocum	Form		change (m	narriage certificate
PERSONAL INFORMATION	N				
First Name		Middle Initial	Last Name		
Address		City		State	Zip
Telephone	Email				Last 4 digits of SSN
NAME CHANGE INFORMA	TION				
PREVIOUS NAME					
First Name	Middle Initial			Last Name	
UPDATED NAME					
First Name	Middle Initial			Last Name	
I certify that the information knowledge.	provid	led on this forr	n is true ar	nd correct to	o the best of my
Signature	Date				
PLEASE NOTE: Submit your a distribution is scheduled to upcoming distribution.		•	•	,	

**Return Form along with Required Documents:** 

By mail to: Natives of Kodiak, Inc. 215 Mission Rd Ste 212 Kodiak, AK 99615 By Email to:

shareholders@nativesofkodiak.com

By Fax to:

(907) 486-2745

Questions? Call us at (907) 486-3606 or toll-free at (800) 648-8462.