



Authorization for Direct Deposit of Shareholder Distributions or Dividends

Please Check One: Initial Enrollment for Direct Deposit Change Account Number Cancel Direct Deposit

SHAREHOLDER INFORMATION

Shareholder Name _____ Social Security Number _____

Mailing Address _____ Shareholder Phone Number _____

City, State, Zip _____ Email Address _____

FINANCIAL INFORMATION

*Shareholder Bank Account Number _____ *Check One: Checking Savings

Financial Institution (bank, credit union, etc.) _____ Bank or Credit Union Branch (if applicable) _____

Address (city, state, zip code, phone number) _____

*Financial Institution Electronic Routing Number _____

Items that are preceded with an asterisk () are required before the direct deposit request can be completed.*

A voided check or bank verification confirming your name on the account, routing and account number and type of account must be attached to this direct deposit authorization form.

Copy of VOID check or bank verification is attached (no direct deposit slips): Yes No

COMPLETE INFORMATION MUST BE PROVIDED FOR DIRECT DEPOSIT

*By my signature, I authorize and request The Aleut Corporation to deposit the amount of my shareholder distributions or dividends to the financial institution listed until I notify The Aleut Corporation of a change or cancellation. **Your address must be kept current and must match the address you have on file with the U.S. Postal Service; if your TAC mail is undeliverable, direct deposit will be canceled.***

SIGNATURE

DATE

Please return completed form to the address below, marked "ATTN: Shareholder Records"

ALEUTCORP.COM

One Aleut Plaza
4000 Old Seward Highway, Ste. 300
Anchorage, Alaska 99503

GENERAL INQUIRIES info@aleutcorp.com
SHAREHOLDER RELATIONS records@aleutcorp.com
ACCOUNTING ap@aleutcorp.com
HUMAN RESOURCES hr@aleutcorp.com

MAIN 907-561-4300
TOLL-FREE 800-232-4882
FAX 907-563-4328