



# CIRI

## Request for Replacement Identification Card

Dear Shareholder:

Identification cards are printed and mailed to shareholders on a quarterly basis, shortly after dividend checks are mailed.

**If you are a new shareholder, or an existing shareholder whose stock has been reissued due to a name change, date of birth correction or a change in voting rights, you will receive a new identification card free of charge.** You do not need to do anything to receive your new card.

**If you have lost or damaged your identification card and would like a replacement, simply fill out this form and return it along with a \$5.00 check or money order (payable to CIRI)** to cover the cost of printing supplies and card stock. Please do not send cash, as we cannot be responsible for money lost in transit.

**TO ENSURE THAT WE PRINT THE CORRECT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**Shareholder's Name** (first, middle, last, suffix)

\_\_\_\_\_

Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(Last four digits only)

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Your CIRI mail will be sent here and can only be changed by written request. Remember to also update your address with the [US Postal Service](#) or your CIRI mail may be returned.

Home Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

Email: \_\_\_\_\_ **Your email address will remain confidential at CIRI.**  
(Please include your full email address; for example, shareholder@hotmail.com, not shareholder@hotmail.)

**eNewsletter:** Check here if you are **CIRI-ous** about reducing paper waste and would like to receive your CIRI news faster. By checking this box, you will receive interactive newsletters instead of paper copies.



**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Return form and \$5.00 check or money order to:**

CIRI Shareholder Relations  
PO Box 93330  
Anchorage, AK 99509-3330

**QUESTIONS?** Call 907-263-5191 or 800-764-2474.

**FOR OFFICE USE ONLY** Shareholder Entity ID: \_\_\_\_\_

**Update database for ID card:** Y / N **Add eNews:** Y / N

CK/MO #: \_\_\_\_\_ Code to 90CORPSH (SH0101) & hand-carried to ACCT on: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Verified by: \_\_\_\_\_ Date: \_\_\_\_\_