Ninilchik Natives Association, Inc
To Enhance the Pride of Our People

Stop Payment Request
Dividend Reissue Request

Shareholder's Name _____
(First) (Middle) (Last)

NNAI Custodian's Name (if any) _____
(First) (Middle) (Last)

REQUIRED Contact Information

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

_____
(City) (State) (Zip) Date of Birth: _____
(MM/DD/YYYY)

*Phone Number: _____ *NNAI requires telephone contact whenever a stop payment is requested. Please provide a valid contact number.

Please Note: Your mail and dividend payments are only sent to the address currently on file. If you are requesting this stop payment due to an address or name change please STOP and fill out a Name/ Address Change form then proceed with your stop payment request.

Reason for Reissue

Lost, never received, expired, etc.	**Check #**	**Amount**	**Date**

By my signature here I acknowledge that I understand; this stop-payment can not be cancelled; if I receive the check I am requesting cancelation of I will return it uncashed to NNAI; if a check I have issued a stop payment request for is cashed NNAI may withhold any of my future payments until the corporation has been fully reimbursed.

SIGNATURE: _____ DATE: _____

Office use only

Canx Check Date	Canx Check No.	Verified Un-Cashed	Amount

Reissued Date _____
Reissued No. _____
Reissued Amount _____