SELDOVIA NATIVE ASSOCIATION, INC.

AUTHORIZATION FOR DIRECT DEPOSIT OF SNAI DISTRIBUTIONS

I hereby authorize SELDOVIA NATIVE ASSOCIATION (SNAI) to initiate credit entries to my bank account, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my depository account specified below:

SHAREHOLDER INFORMATION

Name (First, Middle Initial, Last, Suffix)	Last 4 Digits of SSN or Date of Birth
Mailing Address, City, State, Zip	New Address? ☐ Yes ☐ No

Your SNAI mail will be sent to the mailing address above and can only be changed by written request.

Email Address (Please include your full email address; for example, shareholder@hotmail.com)	Telephone

BANKING INFORMATION

Bank Name	Branch	
Bank Address, City, State, Zip		New Address? ☐ Yes ☐ No
Bank Routing Number (MUST BE 9 DIGITS)	Account Number	Account Type ☐ Checking ☐ Savings

SNAI will send a "test run" to your banking institution before a distribution. If your account is closed or your account number has changed, a check will be prepared and mailed to the last address on file.

Please enclose a voided check, a bank statement (showing the full account number), or a direct deposit authorization form from your bank.

SIGNATURE

Signature is required for direct deposit to be valid.

*Signature _____ Date _____

**By signing above, I accept: Failure to keep my address updated with SNAI, in which case I understand that direct deposit will be canceled.*

My ward, for whom I am custodian: _____

list your ward's full name (First, Middle, Last, Suffix)

If this authorization is for your ward, the ward's name must be reflected as an account owner.

SUBMIT VIA

MAIL: Seldovia Native Association
301 Arctic Slope Ave, Suite 303
Anchorage, AK 99518

EMAIL: info@snai.com

FAX: 1 (907) 868-8042

IMPORTANT NOTE: Direct deposit forms can also be submitted by mail, email, or fax. We do not accept banking changes over the telephone. Questions call 1 (907) 868-8006.