



Point Lay, Alaska 99759

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Phone: (907) 644-3900
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AUTHORIZATION FOR RELEASE OF INFORMATION

GENERAL INFORMATION

This authorization is for: (Check one) Myself or Dependent _____

Name

YOUR NAME: _____

(Print) _____ Last Name _____ First Name _____ MI _____

Date of Birth: _____ Shareholder ID #: _____

Social Security #: _____ Phone #: (____) _____

Has your address changed? No or Yes. If yes, please fill out Change of Address form.

E-Mail Address: _____

I, _____ hereby authorize CULLY CORPORATION to release information by mail; fax or other means of communication regarding:

- First names; Middle Names; Last Names
- Dates of Birth or copy of birth certificate
- Social Security Numbers or copy of social security card
- Current Address
- Blood Quantum as recorded under ANCSA
- Shareholder identification number
- Dividend and Distribution information

On my Stockholder Record for purposes of: _____

To: _____

(NAME OF PERSON OR ENTITY)

(ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE NUMBER)

(EMAIL ADDRESS, IF ANY)

(FAX NUMBER, IF ANY)

I certify that I am an authorized person specified above and hereby authorize CULLY CORPORATION to release the indicted information check marked. This authority is a one-time authority request for ASRC to process, any other request or to release information will need authorization.

X _____ X _____

Shareholder/Custodian of Record Signature

Date

OFFICE ONLY

processed/completed _____ by _____
(DATE) (Shareholder Services Personnel)