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 shareholders@bbnc.net

Shareholder Change of Address Form
All items in BOLD PRINT & with an * are required to be filled in
*** NAME (please print)**

Last	First	Middle
Custodian for the following BBNC Shareholders: (please include child's social security number)		

***Returned mail from an old address will affect direct deposits of
 BBNC and village corporation dividends***

*** NEW ADDRESS**

*Last 4 Digits of Shareholder Social Security Number: XXX-XX-

Shareholder Date of Birth: _____

Phone Numbers: Home: _____

Work: _____

Cellular: _____

Other: _____

Email Address: _____

***Signature:** _____ **Date:** _____

A new address can only be changed with a signed consent. Please mail or fax completed form to the above address or fax number.

Please check below for form/s you would like sent to your address (for other information please call our toll free #)

- | | | |
|---|---|--|
| <input type="checkbox"/> BBNC Stock Will Form | <input type="checkbox"/> Gifting Forms | <input type="checkbox"/> BBNC Identification |
| <input type="checkbox"/> Resume Worksheet | <input type="checkbox"/> Direct Deposit Authorization | <input type="checkbox"/> Name Change Affidavit |