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Elder Benefit Distribution Program

Opt-Out Option

I am an original BBNC shareholder, age 65 or older. I understand that I am currently eligible for the Bristol Bay Native Corporation (BBNC) Elder Benefit Distribution program. I knowingly choose to opt-out of the distribution program – please do not release any funds to me or to my account.

I understand that at any time, I may contact the BBNC Shareholder & Corporate Relations department and ask to be reinstated into the program.

Dated at _____ this _____ day of _____, 20____
(city) (state)

Signed _____
(signature of shareholder) (Social Security number or date of birth)

Signed and acknowledged before me, this _____ day of _____, 20____

(witness signature)

(printed name of witness)