

Chugach Alaska

C O R P O R A T I O N



This STOP-PAYMENT REQUEST is for (*check one*): Myself Minor, for whom I am custodian

Your Name: _____ Social Security #: _____

Minor's Name: (*only if request is for minor*): _____

Address: _____

Phone # (**REQUIRED**) _____

IMPORTANT: All future mail from the Shareholder Services Department will be sent to this address and can only be changed upon written request.

Email: _____

CHECK DATE: _____

CHECK AMOUNT: _____

Through my signature below, I acknowledge that I have read and understand the *Stop Payment Policies and Procedures* and understand the stop payment cannot be cancelled. I also understand that I should not cash the original check if I receive or locate it after the stop payment was placed. If I do cash the original check after I requested a stop payment be placed, then I understand I will have received duplicate payment from Chugach Alaska Corporation. Chugach Alaska Corporation has the right to withhold the amount of the duplicate payment from future dividends until the Corporation has been fully reimbursed.

SIGNATURE: _____ DATE: _____

Please mail your completed form to: Chugach Alaska Corporation
 Attn: Shareholder Services Department
 3800 Centerpoint Dr., Ste. 601
 Anchorage, Alaska 99503

TO BE COMPLETED BY THE SHAREHOLDER SERVICES DEPARTMENT

VENDOR #: _____

MINOR: NO YES

COA ENTERED BY: _____

DATE: _____

VOID CHECK #: _____ CHECK DATE: _____ CHECK AMOUNT: \$ _____

VOID CHECK #: _____ CHECK DATE: _____ CHECK AMOUNT: \$ _____

PROCESSED BY: _____ DATE: _____

EFT FORM SENT: _____ A/P NOTIFIED: _____