



# Stop-Payment Request

This STOP-PAYMENT REQUEST is for:  **Myself**  My **ward**, for whom I am custodian

**Shareholder's**

**Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

**CIRI Custodian's**

**Name (if any):** \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

**\*\*REQUIRED Contact Information\*\***

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last four digits only)

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell. Phone: \_\_\_\_\_

**Note: Your CIRI mail will be sent to the address above and can be changed only upon written request.**

Email Address: \_\_\_\_\_ **Your email address will remain confidential at CIRI.**  
(Please write your full email address.)

**eNewsletter:**  Check here if you are CIRI-ous about reducing paper waste and would like to receive your CIRI news faster. By checking this box, you will receive an interactive version of the newsletter instead of a paper copy.



**Payment Information:**

**Reason for reissue:**  
please complete below  
(Lost, never received, expired, etc.)



SH:  
Cust:

Check #	Check Amount	Date	Description (1st quarter, 2nd quarter, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Through my signature below, I acknowledge my understanding that this stop-payment cannot be cancelled. If I receive the check I am now placing a stop-payment on, I understand that I should not cash it, and I agree to bring or mail said check to CIRI so the Corporation can issue a replacement check to me. I understand that if I cash a check I have placed a stop-payment on, and if that check should clear the bank and I receive duplicate payment, CIRI has the right to withhold future dividend payments until the Corporation has been reimbursed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REISSUED CK #:** \_\_\_\_\_ **CK DATE:** \_\_\_\_\_ **CK AMOUNT:** \_\_\_\_\_

Entered By \_\_\_\_\_ Date \_\_\_\_\_ Verified By \_\_\_\_\_ Date \_\_\_\_\_

Prepared By \_\_\_\_\_ Date \_\_\_\_\_ Authorized By \_\_\_\_\_ Date \_\_\_\_\_

Mailed By \_\_\_\_\_ Date \_\_\_\_\_

**Forms enclosed:**