



eNewsletter Request Form

THIS E-NEWSLETTER REQUEST IS FOR:

CHOOSE
ONLY
ONE.

MYSELF list your full name (first, middle, last, suffix)

MY WARD, for whom I am custodian: list your ward's full name (first, middle, last, suffix)

I am **CIRI**-ous about reducing paper waste and would like to receive my CIRI news faster. I wish to receive interactive newsletters instead of paper copies.



Email: _____ **Your email address will remain confidential at CIRI.**
(Please include your full email address; for example, shareholder@hotmail.com, not shareholder@hotmail.)

Your CIRI mail will be sent to the address you list below and can only be changed by written request.

Address: _____ Social Security No.: _____
(Last four digits only)

Remember to also update your address with the [U.S. Postal Service](#) or your CIRI mail may be returned.

Date of Birth: _____
(MM/DD/YYYY)

Home Ph.: _____ Work Ph.: _____ Cell Ph.: _____

SIGNATURE: _____ **DATE** _____

- **Mail it:** CIRI Shareholder Relations
PO Box 93330
Anchorage, AK 99509-3330
- **Scan and Email it:** shareholderrecords@ciri.com
- **Fax it:** 907-263-5186
(Call ASAP to ensure your fax was received.)

QUESTIONS?
Contact us: 907-263-5191
 800-764-2474

FOR OFFICE USE ONLY Shareholder Entity ID No.: _____

Ward? **N / Y** Ward's Entity ID No.: _____

Entered by: _____ Date: _____ Verified by: _____ Date: _____