



CIRI

CIRI Settlement Trust Elders' Distribution Opt-Out Request

(IMPORTANT: Do not fill this form out unless you do **NOT** want to receive Elder payments)

The following opt-out request is for **(check one)**:

- ☐ Myself
- ☐ Another individual for whom I have the appropriate legal authority to submit this request. **(If you have not previously provided CIRI with the legal documentation substantiating this authority (e.g., court order, power of attorney, etc.), you must submit it with this request.)**

I, _____ **(Elder shareholder's full name, as it appears on his/her CIRI stock records)**, understand that I am eligible to receive distributions from the CIRI Settlement Trust ("CST") Elders Fund because I: 1) am an original CIRI shareholder; am at least 65 years of age; and 3) either currently own at least one share of CIRI stock, or gifted all of my CIRI stock away prior to July 31, 2003.

Through my signature below, I hereby declare my intention to disclaim, or "opt-out" of receiving distributions from the CST Elders Fund, and direct the Trustees to discontinue making CST Elders Fund distributions to me unless and until such time as I properly notify the CST Trustees that I wish to resume receiving CST Elders Fund distributions. I understand that these instructions will become effective beginning with the next CST Elders Fund distribution that has a record date falling after the date upon which this Opt-Out Request is received by the Trust. I further understand that, should I later wish to resume receiving CST Elders Fund distributions:

- I must send a signed and dated written request to opt back into receiving CST Elders Fund distributions to CIRI Shareholder Relations;
- I will not be eligible to receive any "back" payments; and
- I will be eligible to receive subsequent payments beginning with the next CST Elders Fund distribution with a date of record falling after the date upon which such written request was received.

This authority is to remain in full force and effect unless and until I provide written notification to the CST Trustees, in the above prescribed manner, of my desire to opt back into receiving CST Elders Fund distributions.

Signature: _____ **Date:** _____
(Elder shareholder's full name, as it appears on CIRI's stock records)

Your mailing address must match the address you have on file with the U.S. Postal Service or your CIRI mail may be returned. Online forms and information on changing an address with the Postal Service are available on the Postal Service website, at your local post office or by calling 800-ASK-USPS.

Address: _____ **Date of Birth:** _____

 (City) (State) (Zip) **Social Security No.** _____
 (last four digits only)

Home Ph. _____ **Cell Ph.** _____ **Email Address:** _____
 (e.g., you@gci.net, not you@gci)

RETURN THE COMPLETED FORM:

- **Mail it:** CIRI Shareholder Relations, PO Box 93330, Anchorage, AK 99509-3330
- **Scan or take photo of document(s) and email to:** shareholderrecords@ciri.com
- **Fax it:** 907-263-5186 (call ASAP to ensure receipt)

QUESTIONS? Call CIRI Shareholder Relations: 800-764-2474 or 907-263-5191

FOR OFFICE USE ONLY

SH SEQ: _____ FIDUCIARY/WARD SEQ: _____

QENK ACCT: N Y **If yes, do not add/change primary email address;** contact SH to advise primary email address must be changed in Qenek.

RTN MAIL: _____

UPDATE COMMENTS: Y N FORMS: _____ SW DD eNEWS

ENTERED: _____ DATE: _____ VERIFIED: _____ DATE: _____