



# OLD HARBOR NATIVE CORPORATION

## STOP PAYMENT REQUEST

This STOP PAYMENT REQUEST is for (check one):  Myself  My ward, for whom I am custodian

Shareholder's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Custodian's name (only if this request is for your ward): \_\_\_\_\_

Address: \_\_\_\_\_

**IMPORTANT! IMPORTANT**  
Phone number (including area code)  
where we can contact you:  
  
\_\_\_\_\_

**This is absolutely required!**

What check is this stop-payment for?

Description: \_\_\_\_\_

Reason for STOP PAYMENT REQUEST: \_\_\_\_\_

**I understand that this stop payment cannot be cancelled. If I receive the check I am now placing a stop-payment on, I understand that I may not cash it and I agree to bring or mail said check to OHNC. I understand that if I cash a check I have placed a stop payment on, and if that check should clear the bank, OHNC has the right to withhold future dividend payments until the Corporation has been reimbursed.**

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

**Please mail your completed form to:**

**Old Harbor Native Corporation  
2702 Denali Street, Suite 100  
Anchorage, Alaska 99503**

### TO BE COMPLETED BY OLD HARBOR NATIVE CORPORATION

Shareholder Name \_\_\_\_\_ Ward's name \_\_\_\_\_

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

Void Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Void Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Void Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

**Reissued Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \_\_\_\_\_**

**Reissued Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \_\_\_\_\_**

**Reissued Check # \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \_\_\_\_\_**

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

## **STOP PAYMENT REQUEST**

### **STOP PAYMENT POLICES AND PROCEDURES**

- 1. **The stop-payment process cannot be cancelled.** The Old Harbor Native Corporation office will call you to confirm that you have not received the original check before processing your stop payment request. Because we need to verify this information with you, it is very important that you include your telephone number on the stop payment request form.*
- 2. Stop payments cannot be placed on a check until 30 days after the date the check was issued*
- 3. After calling you to confirm that you have not received your original check, OHNC will call the bank to verify that your check has not been cashed. If the check has not been received or cashed, the stop payment is placed*
- 4. A stop-fee of \$25.00 will be deducted from your check at the time of processing.*
- 5. OHNC will issue you a replacement check within 10 to 15 days after the stop payment request has been placed with the bank. (Reissued payments are sent in the form of a check. OHNC will not direct-deposit reissued payments).*
- 6. Your reissued check will be mailed to the address that appears on your OHNC stock record.*
- 7. If you receive or find the original check that a stop payment was placed on, we ask that you return the check to the Old Harbor Native Corporation office.*
- 8. If you cash the original check that you placed a stop payment on and the check clears the bank, you will have received double payment and OHNC will withhold your future dividend payments until the corporation has been fully reimbursed.*

***If you have any questions concerning your stop payment, please contact the Old Harbor Native Corporation office at (907) 278-6100 or Toll Free at (877) 582-6100.***

***Please keep this page for your records***