

Mail completed form to: Ahtna, Inc. ATTN Shareholder Services, PO Box 649, Glennallen, AK 99588

Corporate Headquarters

PO Box 649
Glennallen, Alaska 99588
Office: (907) 822-3476
Fax: (907) 822-3495

Anchorage Office

110 W 38th Avenue, Suite 100
Anchorage, Alaska 99503
Office: (907) 868-8250
Fax: (907) 868-8285



For assistance, please call the Shareholder Services office at (907) 822-3476 or toll-free at 1 (866) 475-0420, or send them an email at shservices@ahтна.net. Please type or print legibly.

Change of Address or Name Form

Please check all that apply: Change of Address Change of Name

Full name (first, middle, last, suffix): _____

Are you Head of Household? Yes No

Last 4 Digits of Social Security Number: _____ Date of Birth (MM/DD/YYYY): ____/____/____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

- Enrolled to: Cantwell Chistochina Copper Center Chitina Class L
check all that apply
 Gakona Gulkana Mentasta Lake Tazlina Ahtna Only

Use Section Below for Change of Address

New Address: _____ Old Address: _____

Signature: _____ Date: _____

List names of any additional Ahtna shareholders (including the last 4 digits of their social security numbers AND their dates of birth) that the change of address will affect. If any are over 18, their signature is also required. Use additional sheets if needed:

First and Last Name _____ Last 4 Digits of SSN _____ DOB (MM/DD/YYYY) _____

Signature (if over 18) _____

First and Last Name _____ Last 4 Digits of SSN _____ DOB (MM/DD/YYYY) _____

Signature (if over 18) _____

First and Last Name _____ Last 4 Digits of SSN _____ DOB (MM/DD/YYYY) _____

Signature (if over 18) _____

Use Section Below for Change of Name

Old Name: _____

New Name: _____

IMPORTANT: Before we can change your name, you must submit documentation verifying that your name has indeed changed (e.g. marriage certificate, court order, etc.) or provide a valid form of identification containing your new name (e.g. passport, drivers license, etc.). Documentation must accompany this form; name changes will not be processed without verification.

Signature: _____ Date: _____

INT. OFFICE USE ONLY: PH M OV E F Rec'd By: _____ Date Rec'd: _____

