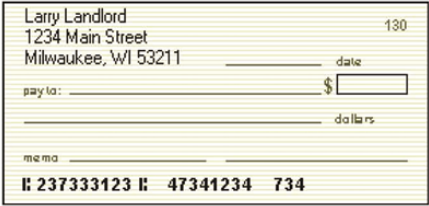




TATITLEK CONTRACTORS INC • TATITLEK MANAGEMENT INC • TATITLEK RESPONSE SERVICES INC • TATITLEK SUPPORT SERVICES INC
 TATITLEK TECHNOLOGIES INC • TATITLEK CONSTRUCTION SERVICES INC • TATITLEK TRAINING SERVICES INC • TATITLEK PROPERTIES INC
 GEO-NORTH • TATITLEK LOGISTICS CORPORATION • TATITLEK TRAINING TECHNOLOGIES, INC

Direct Deposit Sign-up/Opt-out

*This form is to be used when a shareholder wishes to set up direct deposit for their dividends or elder distributions. **Please allow one month for processing.***

Social Security Number:		Date:	
Shareholder Name:		Birth Date:	
Address:			
Bank Name:	Routing Number:	Account Number:	
Please select the appropriate box: <input type="checkbox"/> I would like to receive dividends by direct deposit <input type="checkbox"/> I would like to receive dividends by check <input type="checkbox"/> I would like to receive elder distributions by direct deposit <input type="checkbox"/> I would like to receive elder distributions by check		<div style="text-align: center; border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Example Check</div>  <p style="text-align: center; margin-top: 10px;"> <input style="width: 50px; height: 20px;" type="text"/> The account number <small>The Bank Routing Number is nine digits long and is located at the bottom of your check within the # symbols</small> </p>	
<ul style="list-style-type: none"> I have attached a <u>voided</u> check or other financial institution document for the bank reflected above showing my account number and routing number. Deposit slips are <u>not</u> acceptable. This authorization permits The Tatitlek Corporation to initiate credit entries and, if necessary, debit entries and adjustments for any credits in error to my account. This authorization is to remain in full force and is effective until TTC has received written notification from me requesting termination. TTC reserves the right to discontinue electronic funds transfer payments at any time due to system failures or any incidents beyond control of the company. 			
Shareholder Signature:		Date:	

Internal Use Only	Action taken: _____ Date: _____
	Reviewed by: _____

**PLEASE RETURN COMPLETED FORM TO:
 THE TATITLEK CORPORATION
 ATTENTION: Shareholder Services
 561 East 36th Avenue
 Anchorage, AK 99503**