



**Doyon, Limited
Stockholder Records
Change of Information Form**

Address	Name	Birthdate	Social Security Number	Custodian	Other
(Circle all that apply)					

NOTE: To change anything other than an address requires additional documentation. Please contact the Stockholder Records Department for more information.

Name (please print): _____

Date of Birth: _____

Social Security Number: _____

Minor shareholders in household:	
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

Old Address: _____

New Address: _____

Phone Number: _____

E-mail address: _____

I certify that the information provided on this form is true and correct to the best of my knowledge.

Signature: _____ Effective Date: _____

You must print this form, SIGN it, and mail or fax it to:

Doyon, Limited
Stockholder Records Department
1 Doyon Plaza, Suite 300
Fairbanks, AK 99701
Phone: (907) 459-2040
Toll-free: 1-888-478-4755
Fax: (907) 459-2065
E-Mail records@doyon.com