

Request for Shareholder Check Reissue

Shareholder Name:		
Last 4 SSN:	Date of Birth:	
Mailing Address:		
City:	State:	Zip:
Phone Number:	E-mail:	
I have not received my (mm/	dd/yy)	distribution, check number
I would	d like Huna Totem Corporation t	to reissue the distribution payment as
soon as possible and agree to	the stop payment fee of \$30, it	f required.
	_	iginal check date. Reissued checks ays of the original check date and the
Shareholder Signature:		Date:
Mail signed form to: 9301 Gla	acier Highway, Ste. 200, Juneau,	, AK 99801 or fax to: (907) 789-1896
For Office Use Only:		
Check Number:	Check Amount: \$	Number of Shares:
(Staff initials and date as appr	ropriate)	
	Confirm 30 days have passed si	ince original check distribution.
	Confirm that check has not clea	ared bank account.
	Stop payment has been execut	ed
	Reissued check number:	