



Kake Tribal Corporation

FOR DIRECT DEPOSIT OF Kake Tribal Corporation DIVIDENDS

Register now on-line at MyKakeTribal.com to keep your shareholder contact information up to date and much more.

I hereby authorize Kake Tribal Corporation to initiate credit entries to my bank account, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my depository account specified below:

SHAREHOLDER INFORMATION		
Name (First, Middle Initial, Last, Suffix)	Last 4 Digits of SSN or Shareholder ID	
Mailing Address, City, State, Zip	New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Your Kake Tribal Corporation mail will be sent to the mailing address above and can only be changed by logging in on-line or by written request.

Email Address (Please include your full email address; for example, shareholder@hotmail.com)	Telephone
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If you are a registered user at MyKakeTribal your login email address will be updated to the specified email address above. If changing your email address, you will be prompted to reset your password upon logging in to MyKakeTribal.

BANKING INFORMATION			
Bank Name	Branch		
Bank Address, City, State, Zip	New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bank Routing Number (MUST BE 9 DIGITS)	Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Kake Tribal Corporation will send a "test run" to your banking institution two weeks prior to a distribution. If your account is closed or changes have been made to your account number, a check will be prepared and mailed to the last address on file. You are welcome to attached a voided check or deposit slip up submission showing your name as an account owner.

SIGNATURE	Signature is required for direct deposit to be valid
*Signature _____	Date _____
<p>➔ <i>*By signing above, I accept: Failure to keep my address updated with Kake Tribal Corporation, in which case I understand that will be cancelled.</i></p>	
My ward, for whom I am custodian: _____	<i>list your ward's full name (First, Middle, Last, Suffix)</i>

If this authorization is for your ward, the ward's name must be reflected as an account owner.

SUBMIT VIA		
WEB: login to www.MyKakeTribal.com	MAIL: Kake Tribal Corporation Shareholder Relations P.O. Box 263 Kake AK 99830	EMAIL: info@kaketribalcorp.com FAX: 1 (855) 310-3488

IMPORTANT NOTE: You can update your banking information on-line by using a MyKakeTribal account. Go to www.MyKakeTribal.com to sign in or create an account. Direct deposit forms are also accepted via mail, email, or fax. We do not accept banking changes over the telephone. Questions call 1 (907) 785-3221 Ext. 314 or 1 (907) 785-3221 ext.307.