



## Stop-Payment Policy & Procedure

### **ONCE YOU COMPLETE & RETURN THE ATTACHED STOP-PAYMENT FORM:**

1. The stop-payment process cannot be cancelled. A TKC representative will call you before processing your stop-payment request to confirm that you have not yet received the original check. Be sure to include your telephone number on the stop-payment form.
2. If you receive or find your original check that the stop-payment was placed on, we ask that you return the check to The Kuskokwim Corporation (TKC).
3. If you cash the original check that you placed a stop-payment on and the check clears the bank, you will have received a double payment, and TKC will withhold your future dividend payments until the Corporation has been fully reimbursed.

### **ONCE THE STOP-PAYMENT FORM IS RECEIVED BY TKC:**

1. After calling you to confirm that you have not received your original check, a TKC representative will call the bank to verify that your check has not been cashed. If the check has not been received or cashed, the stop-payment is placed.
2. TKC will start the reissue replacement checks.
3. Your reissued check will be mailed to the address that appears on your TKC records.

If you have any questions regarding your stop-payment, please contact Shareholder Records at 907-243-2944 or toll free at 1-800-478-2171.

Please retain for your records



# STOP PAYMENT FORM

This STOP-PAYMENT REQUEST is for:  Myself  My ward, for whom I am Custodian

Shareholder Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone # (required): \_\_\_\_\_

**REMINDER - STOP PAYMENTS ARE FINAL. ANY FEES FOR CASHING A STOPPED PAYMENT CHECK WILL SOLELY BE THE RESPONSIBILITY OF THE INDIVIDUAL SIGNING THIS DOCUMENT.**

Reason for Stop-Payment: \_\_\_\_\_

By my signature below, I acknowledge and it is my understanding that this stop-payment cannot be cancelled. I agree to the \$15 stop payment fee that will be deducted from my dividend. **IF I RECEIVE THE CHECK I AM ISSUING A STOP-PAYMENT ON, I WILL NOT CASH IT**, and I agree to bring or mail said check to The Kuskokwim Corporation (TKC). I understand that if I cash the check I have placed a stop-payment on, and if the check should clear the bank, and I receive duplicate payment, The Kuskokwim Corporation will withhold future dividend payments until they have been fully reimbursed. I understand that once this form has been received by the Corporation, it may take 10 to 14 business days to process the new check.

(If Shareholder is under 18, must be signed by TKC custodian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail your form to:**

The Kuskokwim Corporation 4300 B Street,  
Suite 405 Anchorage, AK 99503

**OR**

FAX TO: 907-243-2984

For TKC Office Use Only:	
Shareholder Z#: _____	Call to confirm: _____
Stop Payment By: _____	Date: _____
Voided Check #: _____	Check Date: _____ Amount: _____
Reissued Check #: _____	Reissued Date: _____ Amount: _____
Reissue Requested By: _____	Date: _____
Reissue Authorized By: _____	Date: _____
Date Mailed: _____	