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Eagle River, AK 99577
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# DIRECT DEPOSIT FORM

Dear Shareholder:

Eklutna, Inc. Board of Directors is pleased to announce the option of direct deposit for future dividend distributions. To enable this option to be applied to your distribution, the following information is required by the corporate accounting office.

Name: _____

Social Security No.: _____

Bank Name: _____

Bank Routing Number: _____

Your Account Number: _____

Please Circle: ◯ Checking ◯ Savings ◯ Other

Your Authorizing Signature: _____

Date: _____

Please fill the above information in completely and legibly with your signature in the spaces provided and return this document to our office. Once this authorization is received, the accounting office will coordinate with the banks and the direct deposit process will be initiated.

Please understand, no action will be taken until this form, with your original signature, is returned to the Eklutna, Inc. office. Additionally, it is the Shareholder's responsibility to notify the corporate accounting office of any closing or changes that may occur with account identified above. FEES INCURRED BY EKLUTNA INC. FOR RETURNED DEPOSITS WILL BE PASSED ON TO THE RESPONSIBLE SHAREHOLDER.

The Board of Directors.
Eklutna, Inc.