

# BETHEL NATIVE CORPORATION PERSONAL DATA FORM


THIS IS A CHANGE OF:  ADDRESS  NAME  BOTH  OTHER

Please send copies of any related documents for name changes, so we may legally change our records

 PRINT YOUR FULL NAME HERE:

LAST:
FIRST & MIDDLE NAME
(PREVIOUS OR MAIDEN NAME)

CHANGE MY ADDRESS TO:

P.O. BOX OR STREET <input type="checkbox"/>
CITY, STATE, ZIP CODE
(AREA CODE) PHONE NUMBER 

I AM THE CUSTODIAN FOR THE SHAREHOLDER (S) NAMED BELOW:

LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER
LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER
LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER

SIGNATURE OF SHAREHOLDER: <b>x</b>
---------------------------------------

ENROLLMENT NUMBER:	DATE:
--------------------	-------

SOCIAL SECURITY NUMBER:	BIRTHDATE:
-------------------------	------------

PLEASE SEND ME  COPY(S) OF THE BNC WILL FORM(S)

PLEASE SEND ME  COPY(S) OF THE CALISTA WILL FORM(S)

MAIL THIS FORM TO : **BETHEL NATIVE CORPORATION**

**P.O. BOX 719, BETHEL, AK 99559**