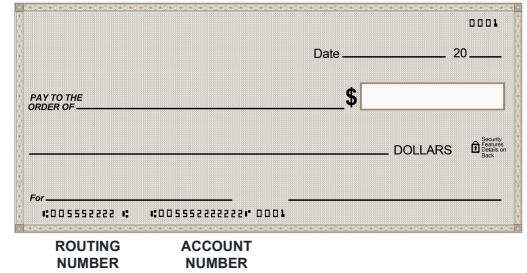


DIVIDEND DIRECT DEPOSIT ELECTION FORM

FORM
NO. 52

INSTRUCTIONS

- YOU MUST PROVIDE DOCUMENTATION OF ACCOUNT OWNERSHIP**
- You **must** attach a preprinted **VOIDED** blank check or a direct deposit authorization form from the financial institution listed below. Photos or scans of checks will be accepted by email at ocstock@olgoonik.com.
- Olgoonik Corporation can only deposit funds into U.S.-based financial institutions — no overseas deposits are permitted.
- Please allow up to 14 days for changes to ACH Deposit to go into effect.
- You can also register for direct deposit by logging into www.MyOlgoonik.com.
- Global Credit Union members:** Your account number is **13 digits** and they must all be included with your account number on this form.



THIS AUTHORIZATION IS FOR:

Yourself

FULL NAME

DATE OF BIRTH

LAST 4 DIGITS OF SSN

Minor under your custodianship (additional minors, use second page of this form).

FULL NAME

DATE OF BIRTH

LAST 4 DIGITS OF SSN

YOUR CONTACT INFORMATION

FULL STREET ADDRESS OR P.O. BOX

UNIT/APT. #

CITY, STATE

ZIP CODE

PHONE NUMBER

EMAIL

I elect to receive my payment via ACH direct deposit.

Action (choose one):

New account

Change account

Revoke account

New/Changed Bank Account Information:

Checking account

Savings account

NAME OF BANKING INSTITUTION

ROUTING NUMBER

ACCOUNT NUMBER*

*Global CU members, list all 13 digits

Olgoonik is hereby authorized to deposit my dividend and, if elected, my minor's dividend(s) into the account identified above. I certify that such account exists. This authorization shall remain in effect until I give written notification of any account changes or, in the case of a minor, until minor reaches age 18.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform Olgoonik immediately.

SHAREHOLDER/CUSTODIAN SIGNATURE

DATE

IDENTITY WILL BE VERIFIED BY PHONE BY PROVIDING LAST 4 OF SSN, BIRTHDATE, ADDRESS OR SHAREHOLDER ID.

FOR INTERNAL USE ONLY

VERIFIED BY/DATE

518 Main St. | P.O. Box 29 | Wainwright, AK 99782
3201 C St., Suite 700 | Anchorage, AK 99503
P: 907-562-8728 | F: 907-562-8751
ocstock@olgoonik.com | olgoonik.com



ADDITIONAL MINORS UNDER YOUR CUSTODIANSHIP

<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN
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FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN
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FULL NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN

