

Tanacross Inc.

Change of Information Form

**Address Birthdate Social Security Number**

(Circle all that apply)

**NOTE: To change anything other than an address requires additional documentation.**

**Please contact Tanacross Inc. for more information.**

Name (please print):

Date of Birth:

Social Security Number:

|  |  |
| --- | --- |
| Minor shareholders in household:Name  | Date of Birth  |
| Name  | Date of Birth  |
| Name  | Date of Birth  |
| Name  | Date of Birth  |

**Old Address:**

**New Address:**

**Phone Number:**

**E-mail address:**

I certify that the information provided on this form is true and correct to the best of my knowledge.

Signature: Effective Date:

**You must print this form, SIGN it, and mail or fax it to:**

**Tanacross Inc.**

**P.O. Box 76029 Tanacross, AK 99778 Phone: 907-883-4130**

**Fax: 907-883-4129**

**Email:** **tannic@aptalaska.net** **Website:** [**www.tanacrossinc.com**](http://www.tanacrossinc.com/)