



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