



**AUTHORIZATION FOR
DIRECT DEPOSIT OF SHAREHOLDER DISTRIBUTIONS OR DIVIDENDS**

It is important that you print clearly.

Shareholder name:	Last Four Social Security Number: XXX-XX-_____
Mailing Address:	Shareholder Phone Number:
City, State, Zip:	Shareholder ID #:

Shareholder Email Address: _____

- Please check one:
- Initial Enrollment for Direct Deposit
 - Change Account Number
 - Cancel Direct Deposit

* Shareholder Bank Account Number: _____	
* Circle One:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution (bank, credit union, etc.)	Bank or Credit Union Branch (if applicable)
Address (city, state, zip code and phone number)	* Financial Institution Electronic Routing Number <small>(Direct Deposit cannot be completed without this number- if you do not know this number, call your bank.)</small>

* Items that are preceded with an asterisk are required before the direct deposit request can be completed.
A voided check or deposit slip must be attached to this direct deposit authorization.

COMPLETE INFORMATION MUST BE PROVIDED FOR DIRECT DEPOSIT.
Contact TDX Corporation if you have questions regarding the completion of this document.

By my signature, I authorize and request TDX Corporation to deposit the amount of my shareholder distributions or dividends to the financial institution listed until I notify TDX Corporation of a change or cancellation.

Shareholder/Authorizing Signature

Date

Please return completed form to:
TDX Corporation
Attn: Shareholder Affairs Department
3601 C Street, Suite 1000
Anchorage, AK 99503

Phone: 907-278-2312
Fax: 907-278-2316