

PERSONAL DATA FORM

NIMA CORPORATION
PO BOX 52 • MEKORYUK, AK 99630 •
PHONE: 907-827-8636 • FAX: 907-827-8639

NIMA CORPORATION
236 West 10th Avenue, Suite 100, Anchorage, AK 99501
PHONE: 907-561-2066 – Fax: 907-563-1567

Shareholder Name: _____ **Day Phone:** (____) _____
Mailing Address: _____ **Evening Ph:** (____) _____

Email Addr: _____

Date of Birth: _____ **Soc. Sec. No:** _____

Would you like NIMA to send you blank will forms?

_____ for your NIMA Corporation shares _____ for your Calista Corporation Shares

Please change my address as I have indicated above. I understand that you cannot make address changes without my permission and signature, which I hereby give of my own free will and without constraint. I further authorize NIMA Corporation to share with Calista and its subsidiaries this information.

Signature: _____ **Date:** _____

Note: Two witnesses are required if shareholder signs with an "X"

Signature of Witness #1

Signature of Witness #2

If the area shaded below has been filled in, is the information correct?

If not, see the list below for required backup

If the name is now different, please provide one of the following:

Marriage Certificate Divorce Decree Adoption Papers

To correct birth date, spelling of name, to add a middle name or initial; or to add a suffix to your name such as "Sr." or "Jr.", please provide one of the following:

Birth Certificate Baptismal Record Picture ID (State/Tribal/Driver's License)

To correct your social security number, please provide one of the following:

Social Security Card Picture ID (State/Tribal/Driver's License)

Photocopies are accepted - It is not necessary to send originals

For office use only

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Birth date _____

Address _____

City, State & Zip _____

Shareholder has a will on file dated: _____

Enrollment Number 03- _____ - _____