



2. PFD Sponsor (If Applicable)

Grid for PFD Sponsor (First name) (Required) (M.I.)

Grid for PFD Sponsor (Last name) (Required)

Grid for PFD Sponsor Social Security Number (Last four digits) (Required)

Grid for PFD Sponsor Telephone Number

3. SIGNATURE AND AUTHORIZATION

- I certify that all of the information provided by me on this form is accurate and complete.

I, the PFD recipient (PFD sponsor if PFD recipient is a minor), hereby request that this PFD contribution be refunded instead of applied to an Alaska 529 Account. If this form is being executed on behalf of an unemancipated minor, I certify that I was the PFD sponsor for that dividend.

SIGNATURE box and Signature of Account Owner label

Grid for Date (mm-dd-yyyy) and Date (mm-dd-yyyy) label

Notarization

Your signature must be notarized. See below.

Before me, a Notary in and for \_\_\_\_\_, \_\_\_\_\_ this document was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_ who certifies the correctness of the signature above.

SIGNATURE box and Signature of Notary label

Grid for Date (mm-dd-yyyy) and Date (mm-dd-yyyy) label

Grid for Name of Notary (first, middle initial, last)

My commission expires: Date (mm-dd-yyyy) label and grid

Authorized Officer to place stamp here