

MYCALISTA.COM

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Securely access your Shareholder account



Manage your information



View your dividend history



Go paperless

CALISTA CORPORATION DIVIDEND CHECK DIRECT DEPOSIT APPLICATION



CALISTA CORPORATION
www.calistacorp.com

1 SHAREHOLDER INFORMATION
First name _____ Middle _____ Last _____ Suffix _____

Street or P.O. Box _____

Community _____ State _____ Zip _____

Check box if this is an address change

Last four digits of Shareholder's Social Security number: ____ | ____ | ____ | ____

OR Shareholder's Year of Birth: ____ | ____ | ____ | ____

Phone: _____ - _____ - _____ Email: _____

2 ACCOUNT INFORMATION
Please note, if the Shareholder listed above is NOT named on the account provided, the bank or credit union may refuse the deposit.

Check one: New Updated Information

Check one: Checking Account Savings Account

Bank or Credit Union Name: _____

Routing Number: _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____
(A nine-digit sequence that is the first series of numbers at the bottom of your checks)

Account Number: ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____
(The second series of numbers at the bottom of your checks)

3 AUTHORIZATION
I hereby authorize Calista Corporation to initiate credits (and/or to reverse or correct any credit entries made in error) to the account at the financial institution indicated on this form. The institution is hereby authorized to credit (and/or reverse or correct) the amounts to my account. This authorization is to remain in full force and effect until I cancel or change it with a signed, written request to Calista Corporation, attn: Shareholder Records. I understand that if I fail to keep my address updated with Calista Corporation, my direct deposit may be canceled. Calista Corporation reserves the right to discontinue direct deposit payments at any time and for any reason.

Signature _____ Date _____

If signing on behalf of someone else, please provide the following information about the person who signed:

Printed name of person who signed _____

Relationship to the direct deposit applicant _____
(parent/guardian/custodian/conservator)

4 FOR VERIFICATION ENCLOSE A VOIDED CHECK OR A BLANK DEPOSIT SLIP.

Mail Completed Form To:	Calista Corporation Attn: Shareholder Records 5015 Business Park Blvd., Suite 3000 Anchorage, AK 99503	Or Fax to:	1-907-275-2922 (Secure) And Confirm Receipt of Fax by calling Calista Shareholder Records at 1-800-277-5516 In Anchorage: 275-2800
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FOR OFFICE USE ONLY

Shareholder Enrollment # 03- _____ Hold Codes? N/Y If yes, list _____

Entered by: _____ Date: _____ Verified by: _____ Date: _____



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