



CALISTA CORPORATION
www.calistacorp.com

Lost Check Stop Payment Request

SS-1505-C Lost Check - Stop Payment Request Form [Sept 2020]

Shareholder Name _____
(First) (Middle) (Last) (Suffix)

Guardian/Custodian Name _____
(First) (Middle) (Last) (Suffix)

Enrollment No or last 4 SSN _____ Year of Birth _____

Mailing Address _____

New address?

(City) (State) (ZIP)

Mobile _() - - Home _() - - Work _() - -

Email Address _____

Reason for Stop Payment (Lost, stolen, destroyed, never received, expired, etc.)	Check #	Check Amount	Check Date	Check Description (Settlement Trust, Elders, etc.)

I acknowledge that, once submitted and processed by Calista Shareholder Services, this lost check(s) request cannot be canceled. I understand that, if I receive the check(s) that I am now requesting a stop payment on, I agree to return the check(s) via mail or in-person to Calista Corporation and will not cash nor attempt to cash the check(s). I agree that, if I cash a check that I requested a stop payment on and that check clears the bank, Calista Corporation has the right to withhold all future dividend payments until the corporation has been reimbursed in full.

I agree to indemnify and hold Calista Corporation and its affiliates harmless at any and all times from all damages, costs, or expenses which it may suffer or incur by reason of the presentation, production, or payment of the original check. In this connection, I recognize that, if the original check is endorsed and in the hands of a holder for value, Calista Corporation may be compelled to pay the same. I understand and agree that, if both the original and reissue check(s) are cashed, that my future dividend payments may be withheld until repaid in full. To the best of my knowledge, the check(s) has/have not been endorsed.

Signature

Date

QUESTIONS? (800) 277-5516 toll-free or (907) 275-2801 or shareholder@calistacorp.com
Mail this form to Calista Corporation Shareholder Services, 5015 Business Park Blvd, Ste 3000,
 Anchorage, AK 99503
Fax this form securely to (907) 275-2922 **OR Submit this request online at** MyCalista.com