

## **Name Change Affidavit**

SS-1516-A November 2020

To change your name with Calista Corporation's Shareholder Services department, please complete this form in its entirety.

Mailing Add	ress		(Str	reet or PO Box)		
(City	)		(S	itate)		(ZIP Code)
Phone			E	Email		
(1) I am cur	rently listed	on the	stockholder record	ls of Calista Corpo	oration unde	r this name:
	(Print name under which you are currently e			rolled)	(Enrollment #	# or Last 4 Social Security)
(2) I am req	uesting tha	t my nar	ne is updated due	to the following (	check one):	
☐ Marr	iage □ D	ivorce	☐ Other	(Describe legal actio	n)	
(3) My nam	e has been	changec	l to (new legal nam	ne):		
(4) I am inc	uding the fo	ollowing	additional docum	entation as proof	of name cha	ange (check one):
☐ Marriag		oivorce Oecree	□ Court Order	☐ New Social Security Card	☐ Other	(Document Name)
that this						new name. I also understand notifying other entities of
Signature					Date	

## Return the completed form and attachments (choose one):

- Mail: Calista Shareholder Services, 5015 Business Park Blvd, Suite 1300, Anchorage, Alaska 99503
- Secure Fax: (907) 275-2922
- Email: shareholder@calistacorp.com (scan a PDF copy or take a picture with your cell phone)
- Drop it off: In person at our Anchorage or Bethel office locations