



# St. Mary's Native Corporation

St. Mary's  
P.O. Box 149 • St. Mary's, AK 99658  
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Anchorage  
840 K St, Ste 200 • Anchorage, AK 99501  
Phone 907-302-0750 • Fax 907-302-1725

## PERSONAL DATA FORM

Name: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Proof of name change required. Enclose copy of:  
Marriage Certificate or copy of court document.

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last 4 numbers Social Security: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you like SMNC to send you a WILL FORM? [ ] Yes [ ] No

I understand that SMNC cannot make any name or address changes without my signature. Please change my name or address as I have indicated above.

\_\_\_\_\_  
Shareholder's Signature

\_\_\_\_\_  
Date

If a shareholder signs with an "X", two (2) witnesses must sign below:

\_\_\_\_\_  
Witness # 1

\_\_\_\_\_  
Witness # 2

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Office Use:</b>		
<b>Enrollment #:</b> 03 456 _____	<b>WILL on file:</b> [ ] Yes [ ] No	<b>If WILL on file:</b> Dated: _____