First National Bank Alaska

Change of Payer

Dated: _____ RE: Account No.: _____

To: **The First National Bank Alaska** Payer: _____

P.O. Box 100720 Payee: _____

Anchorage, AK 99510-0720

1-907-777-3430 or 1-800-856-4FNB (4362)

PART A

(to be completed by Existing Payer)

It is acknowledged by the undersigned payer(s) that henceforth you should recognize the following as the payer:

_____

_____

_____

_____

(list any new payers and any remaining payers above)

(Original signatures required. Type name and address below signature line)

_____ _____

, Payer , Payer

_____ _____

Address Address

_____ _____

Address Address

_____ _____

Address Address

Dated: _____

Names must appear exactly as names listed on original instructions.

PART B

(to be completed by New Payer)

Receipt is acknowledged of your current fee schedule and a copy of all parts of the instructions, including amendments, for the above account, and each of the undersigned hereby joins in these instructions as a payer. Current and future changes by bank in its schedule of fees (basic and special) are applicable to fees that become due hereafter. Also, it is acknowledged that you have no responsibility as to the validity of any transfer of property to the undersigned that may have occurred in conjunction with the substitution of payer referred to in Part A above**. **Customer Identification Form(s) must be completed by all new payers. If this form(s) is not completed, and remitted in addition to this Change of Payer Form, the bank will be unable to complete this transaction.**

(Original signatures required. Type name and address below signature line)

_____ _____

, New Payer , New Payer

_____ _____

Address Address

_____ _____

Address Address

_____ _____

Address Address

Dated: _____

*****Section 326 of the U.S. Patriot Act-To help the government fight the funding of terrorism and money laundering activities. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.***

Warning: *The purpose of this form is to change Escrow Department records only. It is not intended to be a substitute for any deed, assignment, or other legal document of transfer.*

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