

First National Bank Alaska

Transfer by Payee

Dated: _____

To: **The First National Bank Alaska**

P.O. Box 100720

Anchorage, AK 99510-0720

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

Account No.: _____

Payer: _____

Payee: _____

PART A

(to be completed by Payee/Transferor)

All of the interest of the undersigned payee in the obligation of payer to payee has been transferred to _____, transferee. *(See Note 1) Note 1: Unless instructed otherwise, bank will in behalf of payee, endorse any note "Pay to the Order of (transferee)".*

Endorse, accordingly, any promissory note you may be holding.

_____ % of the interest of the undersigned payee in the obligation of payer to payee has been transferred to _____, transferee.

A part of the interest of the undersigned payee in the obligation of payer to payee has been transferred to _____, transferee.

Of the money that, in accordance with your instructions, would be disbursed to the undersigned payee, disburse _____ % to said transferee *until* \$ _____ and an additional amount equal to _____ % a year (from _____) of the declining balance thereof has been disbursed; *thereafter*, disburse it to the undersigned payee. *(See Note 2)*

Note 2: You are not required to determine whether the amount that will be available for disbursement is sufficient to accomplish disbursement of any amount stated above.

(Type or print name(s) below signature(s))

_____, Payee

_____, Payee

Address

Address

Address

Address

Dated: _____

Transferor name(s) must appear exactly as names listed on original instructions.

PART B

(to be completed by above Transferee(s))

The undersigned joins in the above. Receipt of your current fee schedule and a copy of all parts of the instructions, including amendments, for the above account is acknowledged, and the undersigned hereby joins in such instructions. Current and future changes by bank in its schedule of fees (basic and special) are applicable to fees that become due thereafter.

- **Transferee(s) must deposit an executed release or transfer document in the same form (but warranties may be omitted) as the document, if any, previously deposited by payee for delivery upon payoff.**
- **Funds will not be disbursed to transferee(s) until executed release documents and transferee(s) TIN(s) are supplied to First National Bank Alaska, Escrow Department.**
- **You are authorized to execute and deliver partial release or transfer documents in behalf of the undersigned (applicable if there is a partial release arrangement included in the instructions).**

Attached hereto are Exhibits (Required): Payee(s) Disbursement Instructions: Complete attached Exhibit "A"
 **Customer Identification Form(s)

(Type or print name(s) below signature(s))

_____, Payee (transferee)

_____, Payee (transferee)

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 document of transfer.

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First National Bank Alaska

Escrow /Collection Instructions - Exhibit A (Disbursements to payee(s))

Dated: _____ Account No.: _____

To The First National Bank Alaska: Of money remaining for disbursement, after disbursement to prior mortgagee and/or security assignee, if any. Funds are disbursed by percentage only. The total of all percentages must equal 100%.

Payee(s) Disbursements

Disburse _____ % to _____, payee(s), by
 depositing to FNBA account # _____ Checking Savings
 mailing cashier's check payable to _____,
at _____,
 EFT: Financial Institution _____,
Routing # _____
Address _____
For Deposit to: Checking Savings Account No.: _____
(Please attach a deposit slip, if possible)

Disburse _____ % to _____, payee(s), by
 depositing to FNBA account # _____ Checking Savings
 mailing cashier's check payable to _____,
at _____,
 EFT: Financial Institution _____,
Routing # _____
Address _____
For Deposit to: Checking Savings Account No.: _____
(Please attach a deposit slip, if possible)

Disburse _____ % to _____, payee(s), by
 depositing to FNBA account # _____ Checking Savings
 mailing cashier's check payable to _____,
at _____,
 EFT: Financial Institution _____,
Routing # _____
Address _____
For Deposit to: Checking Savings Account No.: _____
(Please attach a deposit slip, if possible)

Disburse _____ % to _____, payee(s), by
 depositing to FNBA account # _____ Checking Savings
 mailing cashier's check payable to _____,
at _____,
 EFT: Financial Institution _____,
Routing # _____
Address _____
For Deposit to: Checking Savings Account No.: _____
(Please attach a deposit slip, if possible)

Consecutive Disbursement Balance Record

Account No.: _____

Disburse _____ % to _____, payee(s), by
 depositing to FNBA account # _____ Checking Savings
 mailing your cashier's check payable to _____,
at _____,
with instructions (if any) to deposit to _____,
 EFT: Financial Institution _____,
Routing # _____
Address _____
For Deposit to: Checking Savings Account No.: _____
(Please attach a deposit slip, if possible)

until _____ and an amount equal to _____ % a year (from _____) of the declining balance thereof has been disbursed;
thereafter, disburse the same percentage to _____, payee(s), by
 depositing to FNBA account # _____ Checking Savings
 mailing your cashier's check payable to _____,
at _____,
with instructions (if any) to deposit to _____,
 EFT: Financial Institution _____,
Routing # _____
Address _____
For Deposit to: Checking Savings Account No.: _____
(Please attach a deposit slip, if possible)

s\ _____
_____, Payee

s\ _____
_____, Payee

s\ _____
_____, Payee

s\ _____
_____, Payee

Disbursements will be governed by the rules of the Northwest Clearing House Association then in effect.

If a check or other item upon which EFT disbursement was based is not collected, you may recover from the undersigned by an adjusting debit entry, which you are hereby authorized to initiate in accordance with said rules.

The undersigned will hold you harmless from, and will defend and indemnify you against, any and every claim or loss that may arise from your complying with this authorization.

Acceptance of these instructions by The First National Bank Alaska is subject to acceptance of the EFT disbursement by the receiving financial institution. In accordance with the said rules, The First National Bank Alaska will send a pre-note test to the receiving financial institution, and if such test is accepted, these instructions will be implemented within 20 days of receipt. In the event the receiving financial institution will not accept the pre-note test, and upon notification to the undersigned, alternate written disbursement instructions will be provided.

Please initial here: Payee _____ Payee _____ Payee _____ Payee _____

For Title Company Use:
Prepared by: _____ Title Co: _____ on _____
Mailing Address: _____
Title Company Reference Number: _____