



Lost Check Stop Payment Request

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

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

SH Number or SSN _____ Date of Birth _____

Mailing Address _____
(Street or PO Box)

(City) (State) (Zip)

Phone Numbers:

Mobile _____ Home _____ Work _____

Email Address _____

Mail Delivery Preference (check one): Electronic Paperless Print Mail

| Reason for Stop Payment (Lost, never received, expired, etc.) | Check # | Check Amount | Check Date | Check Description (May Dividend, Elder Dividend, etc.) |
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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.

Signature

Date