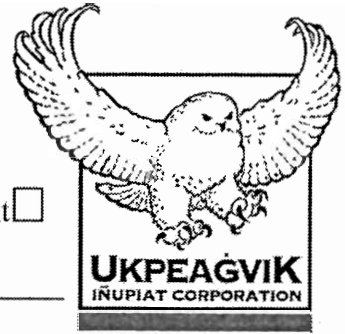


Authorization for Direct Deposit of UIC Dividends



The following authorization is for (Check one) Myself Dependent

Dependent's name for which I am custodian: _____
(please print)

I hereby authorize UKPEAGVIK IÑUPIAT CORPORATION to initiate credit entries to this bank account, and if necessary, to initiate any corrections and adjustments for any credit entries in error to my depository account specified below. This authority is to remain in full force and effect until UIC has received written notification from me of its termination in such time and in such manner as to afford UIC and the Depository a reasonable opportunity to act on it.

BANK ACCOUNT INFORMATION:

(Select one) Checking Account Savings Account

Bank Name _____ Branch _____

City _____ State _____ Phone No. _____

Bank Routing No. _____ (Please verify the number with your bank. If you provide an incorrect routing number, your direct deposit will be rejected.)

Account No. _____ (Please verify the number with your bank. If you provide an incorrect account number, your direct deposit may be rejected or deposited into an incorrect account.)

Account Holder Name _____ Date of Birth _____
(please print)

Stockholder Identification No. _____ - _____ - _____

Social Security No. _____ - _____ - _____

Mailing Address _____

Is this a new address? Yes or No

Please attach your blank VOIDED check or deposit slip for savings accounts to complete form.

Form completed by (if different than Account Holder Name): _____
(please print)

Signature _____ Date _____

Mail completed form to: **Ukpeagvik Iñupiat Corporation**
Stock Department
P.O. Box 890
Barrow, Alaska 99723-0890