



CHANGE OF ADDRESS or PHONE

Change(s) Requested to: Email Mailing Address Phone #.

Shareholder Name: _____

Social Security #: _____ Phone #: _____

Mail Preference (please check one only): Email Print

New Email Address (to be added): _____

Old Email Address (to be removed): _____

New Mailing Address:

Street Name and #: _____

City: _____ State: _____ Zip Code: _____

Old Mailing Address:

Street Name and #: _____

City: _____ State: _____ Zip Code: _____

For shareholders who are Minor Children or for Trusts, please list the name(s) here: _____

If you are the shareholder's Power of Attorney, Legal Guardian or Custodian, please submit a copy of the legal document evidencing this, along with your request.

Name & Signature of Authorized Person(s):

Name (print): _____ Date: _____

Signature

Name (print): _____ Date: _____

Signature

You may email your Change of Address to info@hibiotech.com or
submit your request in person, by mail or by fax to:

Hawaii Biotech, Inc.
650 Iwilei Rd, Ste 204
Honolulu, HI 96817
Fax: (808) 792-1343