

## 2011 Dividend Assignment of Rights

**Assignments will not be accepted by the Permanent Fund Dividend Division before April 1, 2011.****Important: Please read the information on the reverse of this form**

Dividend Year

**ASSIGNOR** (Dividend Applicant)

Social Security Number		Date of Birth (mm/dd/yyyy)		Amount to be Assigned (if full amount, write 100%)	
First Name	M.I.	Last Name		Case number (if applicable)	
Mailing Address				Home Telephone Number	
City		State	Zip Code	Work Telephone Number	

**ASSIGNEE** (Rights Assigned to)

Full name of the Government Agency to which you are assigning your dividend			Daytime phone number (if known)		
Mailing Address			<b>For Agency Use:</b> Location Received: <input type="checkbox"/> Juneau <input type="checkbox"/> Anchorage <input type="checkbox"/> Fairbanks		
City	State	Zip Code	Assignee Code:		

**This assignment is for payment (check one)**

- CS**  of child support required by court order or decision of the Child Support Enforcement Division.
- PS**  to the Alaska Commission on Postsecondary Education.
- SA**  to another State of Alaska agency.
- FA**  to a federal government agency.
- MA**  to a municipal government agency.
- CF**  of a court ordered fine.
- CR**  of court ordered restitution.
- CA**  of court appointed attorney fees.

**Notary Public**

This assignment was subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_,

at \_\_\_\_\_.

Signature of Notary \_\_\_\_\_

My commission expires: \_\_\_\_\_

Seal

**Assignor's Signature Required.** This assignment must be signed in the presence of either a notary public or two witnesses.*In accordance with AS 43.23.069 and 15 AAC 23.203, I hereby assign to the agency named (Assignee), rights to the permanent fund dividend as indicated above, and I certify that the assignment is to satisfy an obligation as identified above.*

Assignor's Signature	Date
----------------------	------

**Two Witnesses***The assignor named above has shown me proof of his or her identification. This assignment was executed freely and voluntarily in my presence. I am a disinterested witness who will not benefit from this assignment.*

Signature of Witness	Date	Signature of Witness	Date
Printed name of person who signed above		Printed name of person who signed above	
Daytime Telephone Number		Daytime Telephone Number	

You may photocopy this form