

**Alaska Department of Revenue
Permanent Fund Dividend Division**

PFD Division Use Only
PFD ALN: 20090

Request to Withdraw Application

| | | | | |
|------------------------|--|---------------|--------------------------|--------------------------|
| First Name | | MI | Last Name | |
| Social Security Number | | Date of Birth | Daytime Telephone Number | Message Telephone Number |

I request that my 2009 PFD application be withdrawn.

I request that the 2009 PFD application(s) for the child(ren) listed below be withdrawn.

| | | | | |
|------------|----|-----------|------------------------|--------------------------|
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |

Your Signature is Required

| | |
|----------------|------|
| Your Signature | Date |
|----------------|------|

Comments

Send or deliver this completed form to:

**Alaska Department of Revenue
Permanent Fund Dividend Division
11th Floor, State Office Building
PO Box 110462
Juneau, AK 99811-0462
Phone (907) 465-2326
Fax (907) 465-3470**