



Social Security # _____

**INDEMNITY AGREEMENT
LOST CHECK FORM**

**TO: Goldbelt, Incorporated
Attn: Shareholder Services
3025 Clinton Drive
Juneau, Alaska 99801**

The undersigned is the owner of check number _____ in the amount of \$ _____, dated _____ issued by Goldbelt, Incorporated, drawn on First National Bank of Alaska payable to the order of _____. The said check has been lost, stolen, or destroyed and to the best knowledge and belief of the undersigned has not been endorsed or delivered.

In consideration of your issuing a check in replacement of said check, the undersigned agrees to indemnify and save you harmless at any and all times from all damages, costs, or expenses which you may suffer or incur by reason of the presentation, production or payment of said original checks. In this connection, the undersigned recognizes that if said original check be endorsed and in the hands of a holder for value, you may be compelled to pay the same.

The undersigned also agrees to deliver said original check to you for cancellation and destruction if the same shall be found.

DATE _____
Signature _____

SUBSCRIBED and SWORN before me this _____ day of _____, 20____

Notary Public

For Goldbelt's use only
Shareholder ID: _____
Stop payment date: _____
Date check voided: _____
Date check reissued: _____
Reissued check # _____

Notary Public in and for the State of: _____
My Commission Expires: _____