

# First National Bank Alaska

## Transfer by Payee

Dated: \_\_\_\_\_

To: **The First National Bank Alaska**

**P.O. Box 100720**

**Anchorage, AK 99510-0720**

**1-907-777-3430 or 1-800-856-4FNB (4362)**

Account No.: \_\_\_\_\_

Payer: \_\_\_\_\_

Payee: \_\_\_\_\_

### **PART A**

(to be completed by Payee/Transferor)

All of the interest of the undersigned payee in the obligation of payer to payee has been transferred to \_\_\_\_\_, transferee. (See Note 1) **Note 1:** Unless instructed otherwise, bank will in behalf of payee, endorse any note "Pay to the Order of (transferee)".

Endorse, accordingly, any promissory note you may be holding.

\_\_\_\_\_ % of the interest of the undersigned payee in the obligation of payer to payee has been transferred to \_\_\_\_\_, transferee.

A part of the interest of the undersigned payee in the obligation of payer to payee has been transferred to \_\_\_\_\_, transferee.

Of the money that, in accordance with your instructions, would be disbursed to the undersigned payee, disburse \_\_\_\_\_ % to said transferee *until* \$ \_\_\_\_\_ and an additional amount equal to \_\_\_\_\_ % a year (from \_\_\_\_\_) of the declining balance thereof has been disbursed; *thereafter*, disburse it to the undersigned payee. (See Note 2)

**Note 2:** You are not required to determine whether the amount that will be available for disbursement is sufficient to accomplish disbursement of any amount stated above.

(Type or print name(s) below signature(s) )

\_\_\_\_\_  
Print Name, Payee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name, Payee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Dated: \_\_\_\_\_

**Transferor name(s) must appear exactly as names listed on original instructions.**

### **PART B**

(to be completed by above Transferee(s))

The undersigned joins in the above. Receipt of your current fee schedule and a copy of all parts of the instructions, including amendments, for the above account is acknowledged, and the undersigned hereby joins in such instructions. Current and future changes by bank in its schedule of fees (basic and special) are applicable to fees that become due thereafter.

- **Transferee(s) must deposit an executed release or transfer document in the same form (but warranties may be omitted) as the document, if any, previously deposited by payee for delivery upon payoff.**
- **Funds will not be disbursed to transferee(s) until executed release documents and transferee(s) TIN(s) are supplied to First National Bank Alaska, Escrow Department.**
- **You are authorized to execute and deliver partial release or transfer documents in behalf of the undersigned (applicable if there is a partial release arrangement included in the instructions).**

Attached hereto are Exhibits (Required):  Payee(s) Disbursement Instructions: Complete attached Exhibit "A"

(Type or print name(s) below signature(s))

\_\_\_\_\_  
Print Name, Payee (transferee)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name, Payee (transferee)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Dated: \_\_\_\_\_

**Warning:** The purpose of this form is to change Escrow Department records only. It is not intended to be a substitute for any deed, assignment, or other document of transfer.

<b>For Bank use only</b>
Received: _____

# First National Bank Alaska

## Escrow /Collection Instructions - Exhibit A (Disbursements to payee(s))

Dated: \_\_\_\_\_ Account No.: \_\_\_\_\_

**To The First National Bank Alaska:** Of money remaining for disbursement, **after disbursement to prior mortgagee and/or security assignee, if any. Funds are disbursed by percentage only. The total of all percentages must equal 100%.**

**Payee(s) Disbursements**

Disburse \_\_\_\_\_ % to \_\_\_\_\_, payee(s), by  
 depositing to FNBA account # \_\_\_\_\_ Checking Savings  
 mailing cashier's check payable to \_\_\_\_\_,  
 at \_\_\_\_\_,  
 EFT: Financial Institution \_\_\_\_\_,  
 Routing # \_\_\_\_\_  
 Address \_\_\_\_\_  
 For Deposit to:  Checking  Savings Account No.: \_\_\_\_\_  
*(Please attach a deposit slip, if possible)*

Disburse \_\_\_\_\_ % to \_\_\_\_\_, payee(s), by  
 depositing to FNBA account # \_\_\_\_\_ Checking Savings  
 mailing cashier's check payable to \_\_\_\_\_,  
 at \_\_\_\_\_,  
 EFT: Financial Institution \_\_\_\_\_,  
 Routing # \_\_\_\_\_  
 Address \_\_\_\_\_  
 For Deposit to:  Checking  Savings Account No.: \_\_\_\_\_  
*(Please attach a deposit slip, if possible)*

Disburse \_\_\_\_\_ % to \_\_\_\_\_, payee(s), by  
 depositing to FNBA account # \_\_\_\_\_ Checking Savings  
 mailing cashier's check payable to \_\_\_\_\_,  
 at \_\_\_\_\_,  
 EFT: Financial Institution \_\_\_\_\_,  
 Routing # \_\_\_\_\_  
 Address \_\_\_\_\_  
 For Deposit to:  Checking  Savings Account No.: \_\_\_\_\_  
*(Please attach a deposit slip, if possible)*

Disburse \_\_\_\_\_ % to \_\_\_\_\_, payee(s), by  
 depositing to FNBA account # \_\_\_\_\_ Checking Savings  
 mailing cashier's check payable to \_\_\_\_\_,  
 at \_\_\_\_\_,  
 EFT: Financial Institution \_\_\_\_\_,  
 Routing # \_\_\_\_\_  
 Address \_\_\_\_\_  
 For Deposit to:  Checking  Savings Account No.: \_\_\_\_\_  
*(Please attach a deposit slip, if possible)*

**Consecutive Disbursement Balance Record**

Account No.: \_\_\_\_\_

Disburse \_\_\_\_\_ % to \_\_\_\_\_, payee(s), by  
 depositing to FNBA account # \_\_\_\_\_ Checking Savings  
 mailing your cashier's check payable to \_\_\_\_\_,  
 at \_\_\_\_\_,  
 with instructions (if any) to deposit to \_\_\_\_\_,  
 EFT: Financial Institution \_\_\_\_\_,  
 Routing # \_\_\_\_\_  
 Address \_\_\_\_\_  
 For Deposit to:  Checking  Savings Account No.: \_\_\_\_\_  
*(Please attach a deposit slip, if possible)*

**until** \_\_\_\_\_ and an amount equal to \_\_\_\_\_ % a year (from \_\_\_\_\_) of the declining balance thereof has been disbursed;  
**thereafter**, disburse the same percentage to \_\_\_\_\_, payee(s), by  
 depositing to FNBA account # \_\_\_\_\_ Checking Savings  
 mailing your cashier's check payable to \_\_\_\_\_,  
 at \_\_\_\_\_,  
 with instructions (if any) to deposit to \_\_\_\_\_,  
 EFT: Financial Institution \_\_\_\_\_,  
 Routing # \_\_\_\_\_  
 Address \_\_\_\_\_  
 For Deposit to:  Checking  Savings Account No.: \_\_\_\_\_  
*(Please attach a deposit slip, if possible)*

s\ \_\_\_\_\_  
 \_\_\_\_\_, Payee

s\ \_\_\_\_\_  
 \_\_\_\_\_, Payee

s\ \_\_\_\_\_  
 \_\_\_\_\_, Payee

s\ \_\_\_\_\_  
 \_\_\_\_\_, Payee

(Terms and conditions stated on the reverse side)

Disbursements will be governed by the rules of the Northwest Clearing House Association then in effect.

If a check or other item upon which EFT disbursement was based is not collected, you may recover from the undersigned by an adjusting debit entry, which you are hereby authorized to initiate in accordance with said rules.

The undersigned will hold you harmless from, and will defend and indemnify you against, any and every claim or loss that may arise from your complying with this authorization.

Acceptance of these instructions by The First National Bank Alaska is subject to acceptance of the EFT disbursement by the receiving financial institution. In accordance with the said rules, The First National Bank Alaska will send a pre-note test to the receiving financial institution, and if such test is accepted, these instructions will be implemented within 20 days of receipt. In the event the receiving financial institution will not accept the pre-note test, and upon notification to the undersigned, alternate written disbursement instructions will be provided.

Please initial here: Payee \_\_\_\_\_ Payee \_\_\_\_\_ Payee \_\_\_\_\_ Payee \_\_\_\_\_

**For Title Company Use:**

Prepared by: \_\_\_\_\_ Title Co: \_\_\_\_\_ on \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Title Company Reference Number: \_\_\_\_\_