

2009 Dividend Assignment of Rights

The above space is for Department use only

Assignments will not be accepted by the Permanent Fund Dividend Division before April 1, 2009.

Important: Please read the information on the reverse of this form

Dividend Year

ASSIGNOR (Dividend Applicant)

Social Security Number		Date of Birth Month Day Year		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			<i>For Agency Use:</i> Location Received: <input type="checkbox"/> Juneau <input type="checkbox"/> Anchorage <input type="checkbox"/> Fairbanks Assignee Code: _____
City	State	Zip 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
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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	

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

Dividend Assignment of Rights

**Important information below
Please read carefully!**

Assignment of Rights (AOR) forms will *not* be accepted by the Permanent Fund Dividend (PFD) Division prior to April 1, 2009. If you send an AOR form prior to April 1, 2009, it will be returned.

The Department of Revenue will *not* accept an AOR form with *any* changes or corrections on the form. This means nothing can be crossed out, whited out, or changed and initialed.

If you want to assign all or part of your PFD, complete this form and send the original to the address below. Incomplete AOR forms will *not* be processed. They will be returned to the Assignee.

Assignee: If an AOR is returned to you because it was incomplete or changed, you must complete a new one. Do *not* send the original with changes or corrections.

The Department of Revenue will *not* implement an assignment of a PFD unless the assignee named is a federal, state, municipal or tribal agency or a court. Dividends **cannot** be assigned to other entities or to an individual. The assignment must be for a debt owed to an agency or court, including court ordered restitution.

The Department of Revenue will *not* implement an assignment of a PFD dividend for a child unless specifically allowed by law. An assignment of a dividend may not be made on behalf of a child except that the dividend of a child may be assigned to satisfy restitution agreed to, or required under AS 47.12.120 or to satisfy a court-ordered fine or judgement for court-appointed attorney fees. (15 AAC 23.203(b)) Check CR or CF on the front of this form as applicable.

Once an assignment has been submitted to the Department of Revenue, it may not be changed or revoked by the assignor. (15 AAC 23.203(c))

The Department of Revenue will *not* accept a photocopy of the completed AOR form.

If you have any questions regarding this form or the AOR process, please contact the PFD Division at (907) 465-4671 or visit our web site at: www.pfd.alaska.gov.

**Please send completed form to: Alaska Department of Revenue
Permanent Fund Dividend Division
PO Box 110463
Juneau, AK 99811-0463**