

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

PFD Division Use Only

PFD ALN: 20150

## 2015 Dividend Assignment of Rights

**Assignments will not be accepted by the Permanent Fund Dividend Division before April 1, 2015.**

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

Dividend Year

2015

**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) <b>UNIT #</b>	
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 <b>TLINGIT-HAIDA REGIONAL HOUSING AUTHORITY</b>			Daytime phone number (if known) <b>(907) 780-6868</b>		
Mailing Address <b>PO BOX 32237</b>			For Agency Use: Location Received: <input type="checkbox"/> Juneau <input type="checkbox"/> Anchorage <input type="checkbox"/> Fairbanks		
City <b>JUNEAU</b>	State <b>AK</b>	Zip Code <b>99803</b>	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.

**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 need to be returned to Tlingit-Haida Regional Housing Authority in order for you to receive credit on your rental accounts.

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. 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 maximum dollar amount that THRHA will credit to your account upon receipt of your completed AOR form for 2015 is \$500. If you assign 100% we will credit your account \$500 the date we received your completed for. If PFD's are issued for a value greater than \$500, we will credit the additional amount to your account once we receive payment from the PFD office.

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 judgment 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](http://www.pfd.alaska.gov).

**Please send completed form to:** Tlingit-Haida Regional Housing Authority  
PO BOX 32237  
Juneau, AK 99803  
Telephone: (907) 780-6868

**We must have your original form.  
Do not send us a faxed or copied  
form.**