

Afognak Native Corporation ("ANC") encourages Shareholders to complete a Testamentary Disposition Form ("TDF") in accordance with AS §13.16.705(b). The TDF, also known as a stock will, allows you to designate who will receive your ANC stock upon your death. The TDF is optional, and you are not required to complete a TDF.

- Completing the TDF directs ANC on how you want your ANC stock devised to ensure that your wishes are followed and to help avoid disputes as to who will receive your ANC stock upon your death.
- A TDF applies only to ANC stock. It does not dispose of any other property. If you want to make a more complicated share disposition than what is provided for in the TDF form, we encourage you to consult your attorney for assistance.
- If you pass away without a valid TDF or will indicating who you wish to inherit your ANC stock, determination of heirs will be made in accordance with applicable intestacy statutes.
- A TDF may be changed from time to time or revoked, and it governs unless there is a subsequently executed TDF or formal will making specific disposition of the stock.
- Effective June 1, 2010, ANC shares will be transferred in whole shares only. Fractional shares will not be further divisible. For example:
 - If you own 100 shares and wish to leave your shares equally to three individuals, the stock will be split as follows: 33, 33, and 34, with the extra share determined by random drawing, unless you specify who will receive the extra share.
 - If you own fractional shares (e.g., 22.333) and wish to leave your shares equally to two individuals, the shares would be split as follows: 11 and 11.333, with the extra .333 shares selected by random drawing, unless you specify who will receive the fractionalized share.
- Voting rights will take effect only if the recipient of your shares is Alaska Native or a Descendant of an Alaska Native as defined by Alaska Native Claims Settlement Act. If the beneficiary is not Alaska Native or a Descendant of an Alaska Native, the ANC stock will not carry voting rights.
- Afognak's ANC Shareholder Settlement Trust was formed in 2006 and the Afognak Benefits Trust formed in 2018, which means that all Afognak Shareholders now have units in each Trust. When you make a testamentary disposition of your ANC shares, you also automatically make a testamentary disposition of the same number of units in each of the Trusts.
- It is the responsibility of your beneficiary(ies) to notify ANC of your death and to provide proof of death in a manner acceptable to ANC. Please take notice that ANC discloses to all beneficiaries the final share transfers through inheritance.
- Shareholders are encouraged to fill out and submit a new TDF if your name, share ownership or mind has changed or if your family circumstances have changed, such as a birth, adoption, or divorce.

Log on to *my.Afognak.com* or contact Shareholder Services to confirm the total number of shares you currently own.

Submit a validly-signed TDF by completing the following:

PART A: Shareholder Information

- A1** Print your full legal name.
- A2** Enter your birth date.
- A3** Enter your social security number.

PART B: Disposition of ANC Stock

- B1** Print the full legal name, address, and contact information (if known) of the primary beneficiary(ies).
- B2** Print the relationship, date of birth, gender and social security number (if known) of the primary beneficiary(ies).
- B3** Enter the percentage of ANC shares you wish each person to receive;
- OR**
- B4** Enter the number of ANC shares you wish each person to receive.

Things to consider...

- ANC stock must be transferred in whole shares only. **Fractional shares cannot be further divided.**
- If you devise by a number, you are encouraged to complete a new TDF if the total number of your shares change (e.g. you received additional shares or if you gift shares to someone else).
- If the total number of shares devised (i.e. 100 shares) is more than the total number currently owned (i.e. 80 shares), then all of the shares will be distributed to the primary beneficiary(ies) according to pro-rata percentages.
- If you indicate a percentage, this will apply regardless of the total number of your shares increase or decrease and will not require you to complete a new TDF should ownership or mind changes.
- If the fractional share is not properly allocated, the heir who will inherit the fractionalized number of shares or extra share will be drawn by lot.

- B5** Enter the total number of shares devised under the applicable column.
- B6** You may divide your shares among as many individuals as you wish; simply add additional pages if necessary and initial on the left-hand side.

Initial the bottom right of the page.

TESTAMENTARY DISPOSITION FORM ("TDF")
(Stock Will in accordance with AS §13.16.705(b))

Part A: Shareholder Information
I, having attained or exceeded the age of eighteen (18), execute the following will of my shares in Afognak Native Corporation ("ANC").

Full Legal Name: **A1** Shareholder's Full Name
 Date of Birth: **A2** DD/MM/YYYY Social Security Number: **A3** XXX-XX-XXXX

Part B: Testamentary Disposition of ANC Stock
Upon my death, I give, devise, and bequeath my shares of stock in ANC to the following person(s):
(Fractional shares cannot be further divided)

* Before you devise your shares, CONSIDER THIS: If you devise by a number, you are encouraged to complete a new TDF if the total number of your shares change. If the total number of shares devised below is more than the total number currently owned, then all of the shares will be distributed to the primary beneficiary(ies) according to pro-rata percentages. If you indicate a percentage, this will apply regardless of the total number of your shares increase or decrease and will not require you to complete a new TDF.

Primary Beneficiary(ies):

				CONSIDER the above	
Name:	Full Name	Relationship	Child	Shares Devised:	Shares Devised:
B1	Name: <u>Street</u> Address: <u>City, State Zip</u> City/State/Zip: <u>(xxx) xxx-xxxx</u> Phone#: <u>xxxx@xxx.com</u> Email: <u>xxxx@xxx.com</u>	B2 Relationship: <u>Child</u> DOB: <u>MM/DD/YYYY</u> Gender: <u>M / F (circle one)</u> SSN: (if known) <u>XXX-XX-XXXX</u>	B3	_____%	B4 <u>11</u> #
	Name: <u>Street</u> Address: <u>City, State Zip</u> City/State/Zip: <u>(xxx) xxx-xxxx</u> Phone#: <u>xxxx@xxx.com</u> Email: <u>xxxx@xxx.com</u>	Relationship: <u>Child</u> DOB: <u>MM/DD/YYYY</u> Gender: <u>M / F (circle one)</u> SSN: (if known) <u>XXX-XX-XXXX</u>		_____%	<u>11.333</u> #
	Name: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Email: _____	Relationship: _____ DOB: ____/____/____ Gender: M / F (circle one) SSN: (if known) _____		_____%	____ #
	Name: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Email: _____	Relationship: _____ DOB: ____/____/____ Gender: M / F (circle one) SSN: (if known) _____		_____%	____ #
	Name: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Email: _____	Relationship: _____ DOB: ____/____/____ Gender: M / F (circle one) SSN: (if known) _____		_____%	____ #
	Name: _____ Address: _____ City/State/Zip: _____ Phone#: _____ Email: _____	Relationship: _____ DOB: ____/____/____ Gender: M / F (circle one) SSN: (if known) _____		_____%	____ #
B6 Total Shares Devised (must match total shares currently owned OR equal 100%).				B5 <u>22.333</u>	
B6 Initial here if additional pages are attached on a separate sheet.				Initial: Initials	

PART C: Alternative Scenarios

This section is optional.

C.1. Disposition of Additional Stock

C1a Initial or check only one box.

C1b Print full legal name and contact information of the beneficiary, if applicable.

C1c Print the relationship, date of birth, gender, and social security number (if known) of the beneficiary.

C1d Enter the percentage of ANC shares you wish each to receive.

C.2. Child(ren) Born or Adopted After

C2 Check only one box.

C.3. Contingent Beneficiary(ies)

C3a Initial or check only one box.

C3b Print full legal name and contact information of the beneficiary(ies), if applicable.

C3c Print the relationship, date of birth, gender and social security number (if known) of the beneficiary(ies), if applicable.

C3d Enter the percentage or number of ANC shares you wish each to receive, if applicable.

Part C: Alternative Scenarios (OPTIONAL)
You are not required to complete numbers C.1, C.2, and/or C.3 to make this TDF valid. If you do not complete any portion of Part C and your stock is subject to any of the scenarios below, distribution of your ANC stock will be disposed of in accordance with Alaska State law. Complete as many options as you desire, or think are applicable.

C.1. Disposition of Additional Stock Acquired (Check or initial only ONE):
If I receive additional ANC stock after this TDF is executed, I leave the additional shares as follows:
 Initial to the person(s) listed in Part B, in the same proportion(s), or
 all additional stock to the following:

Name: Address: City/State/Zip: Phone# Email:	Relationship: DOB: Gender: SSN: (if known)	DOB: M / F (circle one)	Shares Devised: _____%
C1b	C1c		C1d

If the second option is marked and names were not provided, then the first option will be used for all stock acquired after the date of this TDF.
 otherwise, as follows: _____

C.2. Child(ren) Born or Adopted After
C2 If other child(ren) is/are born to or adopted by me after the date this TDF is signed by me, I wish for the child(ren) to be included in as nearly equal shares as possible with those person(s) listed in Part B?
 Yes No (If neither box is checked, ANC will treat your answer as "YES")

C.3. Contingent Beneficiary(ies) (Check or initial only ONE):
C3a If any person(s) named in Part B dies before me, I leave the share(s) that I designated to that person(s) as follows:
 Initial to the surviving person(s) listed in Part B in the same proportion(s), excluding any person who has died, or
 to that person's children as equally as possible, or
 to that person's heirs as determined at the time of my death according to Alaska State law, or
 to the following:

Name: Address: City/State/Zip: Phone# Email:	Relationship: DOB: Gender: SSN: (if known)	DOB: MM/DD/YYYY	Gender: M / F (circle one)	Shares Devised: _____%	Shares Devised: _____#
C3b	C3c	C3d			
Full Name Street City, State Zip (xxx) xxx-xxxx xxxx@xxxx.com	Grandchild	MM/DD/YYYY	M / F (circle one)	50%	OR _____#
Full Name Street City, State Zip (xxx) xxx-xxxx xxxx@xxxx.com	Grandchild	MM/DD/YYYY	M / F (circle one)	50%	OR _____#

otherwise, as follows: _____

Initial Initial

Initial the bottom right of the page.

Almost Done!

PART D: Appointment of Custodianship

Skip if there are no minors. If you do not designate a custodian for minors under eighteen years (18) years of age, Alaska State law establishes the following priority for the appointment of a custodian:

Part D: Appointment of Custodianship Complete ONLY if a person listed in Part B is a minor (under 18 years of age). I appoint the following individual(s) as custodian(s) of the ANC stock for the minor(s) named below as required by the Alaska Uniform Transfers to Minors Act (AS 13.46.085):		
D1 Minor Child's Name	D2 Custodian Name & Contact Information	D3 Successor Custodian Name & Contact Information
Minor's Full Name	Full Name Contact Information	Full Name Contact Information

- a) a legal guardian, if any, of the minor;
- b) a parent, if any, of the minor, as selected by the parents; or
- c) an adult member of the minor's family, which includes stepparents, grandparents, aunts, uncles, whether of whole or half blood or by adoption, as well as members of the family with whom the minor has customarily lived.

- D1** Print the name of the minor who is listed as a primary beneficiary.
- D2** Print the name and contact information of the Custodian that you appointed.
- D3** Print the name and contact information of the Successor Custodian.

PART E: Signature and Notary Public

Sign the document in front of a Notary Public.

- E1** Sign your full legal name in front of a notary public.
- E2** Print your full legal name in front of a notary public.
- E3** The Notary Block **MUST** be thoroughly completed by the notary public.

Notary services are free and available at Afognak's Anchorage, Kodiak and Port Lions offices.

Part E: Revocation, Signature and Notary Public
I revoke any and all testamentary disposition forms executed by me prior to the date of this testamentary disposition form. This testamentary disposition form shall control over an earlier executed will in connection with the inheritance of my ANC stock. Except as stated, this testamentary disposition form will not revoke any previously executed Last Will & Testament.

YOUR SIGNATURE MUST BE NOTARIZED IN FRONT OF A NOTARY PUBLIC

BY MY SIGNATURE, I DO HEREBY SWEAR AND AFFIRM THAT THE FOREGOING IS MY TESTAMENTARY DISPOSITION OF MY AFOGNAK NATIVE CORPORATION STOCK AND ALL RELATED RIGHTS RELATIVE THERETO, AND THAT I EXECUTE THIS WILLINGLY, AS MY FREE AND VOLUNTARY ACT FOR THE PURPOSE EXPRESSED IN IT, AND THAT I AM OF SOUND MIND, AND UNDER NO CONSTRAINT OR UNDUE INFLUENCE

E1 Shareholder's Signature
(Shareholder's Signature)

E2 Shareholder's Printed Name
(Shareholder's Printed Name)

Notary Block (to be completed by a Notary Public)

E3 STATE OF State)
 COUNTY/DISTRICT County) ss.

Subscribed and sworn to or affirmed before me by the Shareholder at City, State
(City, State)

on this 1 day of February, 2022
(Day) (Month) (Year)

Notary's Signature
(Notary Public Signature)

Notary's Printed Name
(Notary Public Printed Name)

My Commission Expires MM/DD/YYYY

Notary Seal

- ANC encourages Shareholders to complete a new TDF if they:
- ✓ gifted or inherited stock,
 - ✓ married, divorced, or changed your name,
 - ✓ had other child(ren) recently born or who were adopted by you, or
 - ✓ changed your mind on who you want to inherit your ANC stock.

Please return to: Afognak Native Corporation
 Attn: Shareholder Services
 3909 Arctic Blvd. Ste. 500
 Anchorage, AK 99503