



**Native Corporation**

**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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**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: Address: City/State/Zip: Phone# Email:		Relationship: DOB: ___/___/____ Gender: M F SSN: (if known)	Shares Devised:  _____%	Shares Devised:  or _____#	
Name: Address: City/State/Zip: Phone# Email:		Relationship: DOB: ___/___/____ Gender: M F SSN: (if known)	Shares Devised:  _____%	Shares Devised:  or _____#	
Name: Address: City/State/Zip: Phone# Email:		Relationship: DOB: ___/___/____ Gender: M F SSN: (if known)	Shares Devised:  _____%	Shares Devised:  or _____#	
Name: Address: City/State/Zip: Phone# Email:		Relationship: DOB: ___/___/____ Gender: M F SSN: (if known)	Shares Devised:  _____%	Shares Devised:  or _____#	
Name: Address: City/State/Zip: Phone# Email:		Relationship: DOB: ___/___/____ Gender: M F SSN: (if known)	Shares Devised:  _____%	Shares Devised:  or _____#	
Name: Address: City/State/Zip: Phone# Email:		Relationship: DOB: ___/___/____ Gender: M F SSN: (if known)	Shares Devised:  _____%	Shares Devised:  or _____#	

Total Shares Devised (must match total shares currently owned OR equal 100%). \_\_\_\_\_

\_\_\_\_\_ Initial here if additional pages are attached on a separate sheet.

Initial:

**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:

\_\_\_ 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)	M      F	Shares Devised:  _____ %
Name: Address: City/State/Zip: Phone# Email:		Relationship: DOB: _____/_____/_____ Gender: SSN: (if known)	M      F	Shares Devised:  _____ %

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**

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)**

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:

\_\_\_ 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)	M      F	Shares Devised:  _____ %	Shares Devised:  _____ #
Name: Address: City/State/Zip: Phone# Email:		Relationship: DOB: _____/_____/_____ Gender: SSN: (if known)	M      F	Shares Devised:  _____ %	Shares Devised:  _____ #
Name: Address: City/State/Zip: Phone# Email:		Relationship: DOB: _____/_____/_____ Gender: SSN: (if known)	M      F	Shares Devised:  _____ %	Shares Devised:  _____ #

\_\_\_ otherwise, as follows: \_\_\_\_\_

Initial: 

**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):

Minor Child's Name	Custodian Name & Contact Information	Successor Custodian Name & Contact Information (Optional)

**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.*

**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.**

\_\_\_\_\_  
*[Shareholder's Signature]*

\_\_\_\_\_  
*[Shareholder's Printed Name]*

**Notary Block *[to be completed by a Notary Public]***

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY/DISTRICT \_\_\_\_\_ )

Subscribed and sworn to or affirmed before me by the Shareholder at \_\_\_\_\_,  
*[City, State]*

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*[Day] [Month] [Year]*

\_\_\_\_\_  
*[Notary Public Signature]*

\_\_\_\_\_  
*[Notary Public Printed Name]*

My Commission Expires \_\_\_\_\_