

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: _____
[Testator]

Last 4-Social Security Number (SSN): _____

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): **(Note: Fractional shares cannot be further divided and if you do not specify who will receive the additional share or fractional share, a random drawing will occur)**

If you devise by number, you are encouraged to complete a new TDF at any time when the total number of your shares change. If the shares devised exceed the current total owned, they will be distributed to primary beneficiary(ies) pro-rata. If you devise by percentage, it will apply regardless of shares changes and won't require a new TDF.

Primary Beneficiary(ies):

Choose ONE of the below

Full Name	Contact Information	Last 4 SSN	% of Shares	OR	# of Shares
Relationship:			_____ %		_____ shares
Relationship:			_____ %		_____ shares
Relationship:			_____ %		_____ shares
Relationship:			_____ %		_____ shares
Relationship:			_____ %		_____ shares
Relationship:			_____ %		_____ shares

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

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

PART C: APPOINTMENT OF CUSTODIANSHIP SKIP if person(s) listed in Part B is over 18 years of age.

I appoint the following individual(s) as custodian(s) of the ANC stock for the minor(s) named below:

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

PART D: ALTERNATIVE SCENARIOS (OPTIONAL)

If Part D is not completed and your stock falls under the scenarios below, it will be distributed per Alaska State law.

____ (Initial) I do not wish to complete any of the options in Part D and is intentionally left blank.

D.1. Disposition of Additional Stock Acquired (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:

Full Name	Contact Information	Last 4 SSN	Shares Devised:
Relationship:			_____%
Relationship:			_____%

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: _____

D.2. Child(ren) Born or Adopted After (Initial only ONE):

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 initialed, ANC will treat your answer as "YES")

D.3. Contingent Beneficiary(ies) (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 heirs as determined at the time of my death according to Alaska State law, or

____ to the following:

Full Name	Contact Information	Last 4 SSN	% Shares	OR	# Shares
Relationship:			_____%		____ shares
Relationship:			_____%		____ shares
Relationship:			_____%		____ shares

____ otherwise, as follows: _____

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.

[Testator's Signature]

STATE OF _____)
)ss.

[Testator's Printed Name]

COUNTY/DISTRICT _____)

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME AT _____
[City, State]

on this _____ day of _____, 20____.
[Day] [Month] [Year]

[Notary Public Signature]

(Notary Seal)

[Notary Public Printed Name]

Commission Expires _____