



Stock Will (AS 13.16.705 (b))
For The Aleut Corporation and Village Corporation Shares of Stock

I, Sharehold Name
Date of Birth: Date of Birth Social Security Number: Type Last 4 of Social Security Number
Address: Current Address City/State: City, State Zip: Zip

declare that I am of sound mind and that I am executing this Stock Will to transfer my shares of stock and any outstanding distributions in The Aleut Corporation and Village Corporation(s) (if applicable) upon my death.

I hereby devise and bequeath my shares of stock in The Aleut Corporation and Village Corporation(s) (if applicable) to the following persons. If any person has preceded me in death, that person's shares are to be distributed as agreed below. For purpose of applying AS 13.12.603, a person who refuses my stock shall be treated as if they have predeceased me.

Write the percentage or number of shares each recipient is to receive. Single shares may not be divided.

Table with 5 columns: PRIMARY BENEFICIARY(IES) Full Legal Name, SSN (or) Date of Birth, Relationship, Distribution of Shares TAC Shares, and Village Corp. Shares. Rows include Beneficiary Name 1 (Son, 33%, 50%), Beneficiary Name 2 (or, Daughter, 33%, 50%), Beneficiary Name 3 (Spouse, 34%), and Legal Name (Social Security Number, **Shares left to non Alaska Natives result in non-voting shares).

(Attach separate paper for additional beneficiaries, if necessary)

The total must equal 100% OR the number of shares you own

I understand and agree that if the use of a percentage results in an uneven or fractional number of shares being distributed to any beneficiary, the shares will be rounded down to a whole number for all beneficiaries except the eldest, and the remaining uneven or fractional balance of the shares will be allocated to the eldest beneficiary.

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In the event any Primary Beneficiary named above dies before me, I want that Primary Beneficiary's portion of stock to pass as follows (select one and add your initials next to the selection):

- Initial [] To the other Primary Beneficiaries named above in the same proportion as above (if there is only one survivor, to the survivor in full), OR If you have Beneficiary 1 & 2 as 20%, and Beneficiary 3 as 60%, but B1 dies. B2 will receive 25% and B3 will receive 75%
[] To the other Primary Beneficiaries named above in equal portions, (if there is only one survivor, to the survivor in full), OR
[] To that Primary Beneficiary's own children, OR If Beneficiary 2 dies, then shares go to their children.



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MAIN 907-561-4300
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FAX 907-563-4328

Initial To the following people who are Contingent Beneficiaries (list full legal name, SSN (or) Date of Birth, relationship to you, and include allocation of shares):

Beneficiary Name 4, Social Security Number, Date of Birth, Grandson, 50%

Beneficiary Name 5, Social Security Number, Date of Birth, Granddaughter, 50%

Please complete the following if any of the persons you named above are under eighteen years of age.

I appoint the following individual(s) as custodian(s) for the named minor(s) as required by the Alaska Uniform Transfers to Minor Act.

Name of Custodian	Name of Minor Beneficiary
<u>Beneficiary 2</u>	<u>Beneficiary 4</u>
<u>Beneficiary 2</u>	<u>Beneficiary 5</u>
<i>(Attach separate paper for additional beneficiaries, if necessary)</i>	

By checking this box I also devise and bequeath my Name of Village Corporation Village Corporation shares as stated on this form. **If not checked or the Village Corporation(s) is not written in, this document cannot be accepted by the Village Corporation(s).**

On this Day day of Month, 20Year, at City, State, by my own free will and under no constraint or undue influence, I set forth my signature on this instrument and execute it for the purposes expressed.

<u>Sign in the presence of a notary</u>	<u>Date</u>
Signature	Date

**Witness cannot be beneficiary.*

WITNESSES

We, Witness Name 1 (print) and Witness Name 2 (print), the witnesses, sign our names to this instrument, and declare that the testator signs and executes this instrument as his/her stock will and that he/she signs it willingly (or willingly directs another person to sign for him/her), and that each of us in the presence and hearing of the testator, hereby signs this will as witness to the testator's signing, and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

Witness: <u>Witness 1 (sign in presence of notary)</u>	Witness: <u>Witness 2 (sign in presence of notary)</u>
Witness Signature	Witness Signature

Residing at: <u>Witness 1 Residence</u>	Residing at: <u>Witness 2 Residence</u>
<u>City, State</u>	<u>City, State</u>

State of _____ Judicial District/County _____

NOTARY

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, the testator, and _____ and _____, witnesses.

Notary for _____
My Commission Expires: _____



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