



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

I, _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City/State: _____ 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.

PRIMARY BENEFICIARY(IES) Full Legal Name	SSN (or) Date of Birth	Relationship	Distribution of Shares	
			TAC Shares	Village Corp. Shares
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

(Attach separate paper for additional beneficiaries, if necessary)

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):

- 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
- 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

ALEUTCORP.COM

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4000 Old Seward Highway, Ste. 300
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MAIN 907-561-4300
TOLL-FREE 800-232-4882
FAX 907-563-4328

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):

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

(Attach separate paper for additional beneficiaries, if necessary)

By checking this box I also devise and bequeath my _____ 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 of _____, 20_____, at _____, 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.

Signature

Date

WITNESSES

We, _____ and _____, 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: _____
Witness Signature

Witness: _____
Witness Signature

Residing at: _____

Residing at: _____

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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