



3909 Arctic Blvd. Ste. 500
Anchorage, AK 99503
Toll Free: 888-292-9580 / Phone (907) 222-9500
Fax: (907) 334-9566

Dear Shareholder:

Afognak Native Corporation ("ANC") encourages all shareholders to complete a Testamentary Disposition Form (TDF). The TDF 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. However, by completing the TDF, you can avoid disputes as to who will receive your stock. The attached TDF applies only to ANC stock. The TDF is merely a simple method for disposition of your shares. If you want to make a more complicated share disposition, such as a trust, please see your attorney.

Please remember that by completing a TDF, it will supersede any disposition of ANC stock you have made within any prior will(s) or prior TDFs. This TDF should not impact the future disposition of any other property within any prior will(s) which is not ANC stock.

Effective June 1, 2010, disposition of shares will be done 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 family members, the stock will be split as follows: 33, 33, and 34 shares by random drawing. If you own fractional shares (e.g., 33.333) and wish to leave your shares equally to three individuals, the shares would be split as follows: 11, 11 and 11.333 shares by random drawing.

Please take notice, that ANC discloses to all beneficiaries the final share transfers through inheritance.

Please submit your completed and notarized TDF to:

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

ANC offers free notary service in our Anchorage and Kodiak offices. If you have questions, please contact me by telephone (888-292-9580 or 907-222-9500) or email shareholderservices@afognak.com.

Sincerely,
AFOGNAK NATIVE CORPORATION

SHAREHOLDER SERVICES



Afognak Native Corporation
TESTAMENTARY DISPOSITION FORM ("TDF")

I, _____ *[type or print your full name as it appears in the ANC stock records]* SSN _____ *[type or print your Social Security Number]*, in accordance with AS § 13.16.705, execute the following will of my _____ *[type or print total number of ANC shares you own]* shares in Afognak Native Corporation. **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 DATED WILL IN CONNECTION WITH THE INHERITANCE OF MY AFOGNAK NATIVE CORPORATION STOCK.** Upon my death, I leave my shares of stock in Afognak Native Corporation to the following persons, each to receive the number of shares set forth following his or her name, address, and date of birth, gender, telephone number, email, social security number, and relationship to me.

Part A: Disposition of ANC Stock

The individual(s) contact info.	The individual(s) relationship to you, DOB, gender, and SS#	No. of shares
1. Name: _____ Address: _____ _____ Phone #: _____ Email: _____	Relationship: _____ DOB: _____ Gender (<i>circle one</i>): M / F Social Security No. _____	_____ _____ _____ _____ _____
2. Name: _____ Address: _____ _____ Phone #: _____ Email: _____	Relationship: _____ DOB: _____ Gender (<i>circle one</i>): M / F Social Security No. _____	_____ _____ _____ _____ _____
3. Name: _____ Address: _____ _____ Phone #: _____ Email: _____	Relationship: _____ DOB: _____ Gender (<i>circle one</i>): M / F Social Security No. _____	_____ _____ _____ _____ _____
4. Name: _____ Address: _____ _____ Phone #: _____ Email: _____	Relationship: _____ DOB: _____ Gender (<i>circle one</i>): M / F Social Security No. _____	_____ _____ _____ _____ _____
5. Name: _____ Address: _____ _____ Phone #: _____ Email: _____	Relationship: _____ DOB: _____ Gender (<i>circle one</i>): M / F Social Security No. _____	_____ _____ _____ _____ _____

(Add Additional Pages as Necessary)

Part B: Disposition of Additional Stock Acquired / Alternative Scenarios

This section is **optional**. You are not required to complete numbers B.1, B. 2, B.3 or B.4 to make this Testamentary Disposition Form ("TDF") valid. If you do not complete any portion of Part B and your stock is subject to any of the scenarios below (B.1 through B.4) distribution of your ANC stock will be disposed of in accordance with Alaska State law.

B.1. If, I receive additional ANC stock after this TDF is executed, and have not yet completed a valid TDF for the additional share(s), I leave the additional shares as follows [**check only ONE box, and initial next to the box you checked**]:

Check One & Initial One

_____ to the person(s) listed in Part A above, in the same proportion as the shares disposed of there.

_____ in equal numbers to the person(s) listed in Part A above.

_____ all additional stock to the following:

Name: _____ Relationship: _____
Address: _____ DOB: _____
_____ Gender (circle one): M / F
Phone #: _____ Social Security No. _____
Email: _____

_____ in equal numbers to all children born to or adopted by me before or after the date of this TDF is signed by me.

_____ in equal numbers to all children born to or adopted by my children before or after the date of this TDF is signed by me.

_____ to my heirs as determined at the time of my death according to Alaska State law.

_____ otherwise, as follows: _____
_____.

B.2. If other child(ren) 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 persons listed in Part A.

Yes No [**If neither box is checked, ANC will treat your answer as "YES"**]

B.3. If any person(s) named in Part A dies before me, I leave the share(s) that I designated to that person(s) as follows: *[check only ONE box, and initial next to the box you check]:*

Check One & Initial

- _____ to that person’s heirs as determined at the time of my death according to Alaska State law.
- _____ to the surviving persons listed in Part A in the same proportion as the shares disposed of there.
- _____ in equal numbers to those people listed in Part A who survive me.
- _____ all additional stock to the following:

Name: _____ Relationship: _____
 Address: _____ DOB: _____
 _____ Gender (circle one): M / F
 Phone #: _____ Social Security No. _____
 Email: _____

_____ otherwise, as follows: _____

B.4. If any person(s) named in this TDF are below the age of majority (eighteen (18) years of age), when the person(s) receive the ANC stock, a custodian must be appointed as the holder of the stock until that person reaches 18. You have the right to designate a separate custodian for each such person. If you do not make a designation, Alaska State law provides a default priority list as follows: a legal guardian (if any), then either parent, then an adult member of the minor’s family. AS 13.46.085. ANC encourages you to make your own designation below. Add additional pages if necessary.

Minor’s Name	Custodian Name (1st Choice)	Substitute Custodian
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part C: Signature and Notary Public

By signing this document I agree not to reveal any personal or confidential information about any person or company disclosed to me by Afognak Native Corporation (including, but not limited to, any personal information disclosed by will, Testamentary Disposition Form, or any other share transfer document), and not to use any such information other than for the purpose of transferring shares of Afognak Native Corporation. I also agree to be personally responsible for my improper disclosure and/or misuse of such information.

DATED this ____ day of _____, _____.

SHAREHOLDER'S SIGNATURE

Address: _____

Phone #: _____

Email: _____

Gender (circle one): M / F

Social Security No. _____

Notary Block [to be completed by a Notary Public]

STATE OF _____)

)ss.

_____)
(Judicial District or County)

I certify that on the ____ day of _____, _____, before me, the undersigned authority, personally appeared _____, [name of owner of shares] to me known to be the person whose name appears above as Shareholder and to be the person who signed the foregoing Testamentary Disposition, and acknowledged to me that it was freely and voluntarily signed for the uses and purposes therein described. WITNESS my hand and official seal the day and year first above written.

NOTARY PUBLIC in and for the
State of _____
My appointment expires _____

Instructions

Print your name, social security number, and total number of ANC shares owned in the spaces provided at the top of the TDF.

Note that any later dated TDF shall revoke and control over the transfer of all ANC stock you own. Such revocation means that no other earlier dated TDF or will can effect the transfer of a later dated TDF. A later dated, valid will shall be controlling over an earlier dated Testamentary Disposition Form only if the later dated will expressly and specifically provides for the inheritance of ANC stock.

PART A: Disposition of ANC Stock

List your designated beneficiary(s), with the address, date of birth, gender, phone number, email, social security number, and relationship to you (e.g., your sister, half-brother, daughter, nephew). Enter the number of ANC shares you wish each person to receive. If one person is to receive all your shares, you may write "All." You may divide your shares with as many individuals as you wish; simply add additional pages if necessary.

Effective June 1, 2010, disposition of stock must be done 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 shares. If you own fractional shares (e.g, 33.333) and wish to leave your shares equally to three individuals, the shares would be split as follows: 11, 11 and 11.333 shares.

PART B: Disposition of Additional Stock Acquired / Alternative Scenarios

This section is **optional**. You are not required to complete Sections B.1, B.2, B.3 or B.4 to make the TDF valid. If you do not complete any portion of this Part B and your shares are subject to any of the scenarios explained below (B.1 through B.4), your shares will be disposed of in accordance with Alaska State law.

B.1: If you receive additional shares after this TDF is executed, you can designate that the additional shares be distributed in a different manner than you outlined in Part A.

B.2: If you have additional children, either through natural birth or adoption, after this TDF is finalized, you can choose to have those individuals, included in the settlement of your ANC shares. **If you do not complete this section, ANC will assume your intent was to check the "yes" box.**

B.3: If an individual(s) identified in your TDF predecease you in death, you can identify how the shares that were to go to the deceased individual(s) should be redistributed.

B.4: Stock inherited by a minor at the time of the inheritance must be held by a custodian until the minor reaches the age of majority (eighteen (18) years of age). This section provides a place for you to designate a custodian and substitute custodian for minors less than eighteen years (18) years of age as of the date you sign this TDF. If you do not designate a custodian, Alaska State law establishes the following priority for the appointment of a custodian:

- a) a legal guardian, if any, of the minor;
- b) a parent, if any, of the minor, as selected by the parents;

c) an adult member of the minor's family, which includes step-parents, 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. The custodianship will terminate at eighteen (18) years of age. AS § 13.46.085.

PART C: Signature and Notary Public

Date and sign the document in front of a Notary Public. ANC has a Notary Public available for your convenience at our offices in Kodiak and Anchorage.

Please return your TDF to: Afognak Native Corporation, 3909 Arctic Blvd. Ste. 500, Anchorage, AK 99503