

This Stock Will directs Emmonak Corporation how to transfer your Settlement Common Stock upon your death. It is a specialized testamentary instrument governed by federal ANCSA law (**43 U.S.C. § 1606(h)(2)**) and Alaska probate law (**AS 13.16**). Complete each section below in your own handwriting or by typing directly into this form, sign and date at the end in the presence of two competent adult witnesses, and optionally have a notary public complete the self-proving affidavit on the final page.

WHY COMPLETE A STOCK WILL?

Article XI of Emmonak Corporation's Articles of Incorporation provides that if a shareholder dies **without** a valid Stock Will AND without heirs under Alaska intestate succession law, the shareholder's stock **escheats** (transfers automatically) to Emmonak Corporation. Executing this Stock Will is the surest way to ensure your shares pass to the family members or beneficiaries you intend.

Emmonak Corporation provides this form as an informational accommodation. It is not a substitute for legal advice. Depending on your circumstances, you may benefit from having an Alaska-licensed attorney review your Stock Will as part of your broader estate plan.

A · Testator (you, the shareholder)

FULL LEGAL NAME

ANY OTHER NAMES USED (MAIDEN, MARRIED, ALIASES)

DATE OF BIRTH (MM/DD/YYYY)

EMMONAK CERTIFICATE # (OPTIONAL)

NUMBER OF SHARES (E.G., 100.0000)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

PHONE

EMAIL

B · Declaration

I, the Testator named above, being of sound mind and lawful age, do hereby declare this instrument to be my **Stock Will** (Testamentary Disposition) with respect to my shares of Emmonak Corporation stock. I revoke any prior Stock Will or testamentary disposition of these shares that I may have previously executed and delivered to Emmonak Corporation. This Stock Will controls the disposition of my Emmonak Corporation stock upon my death; it does not govern the disposition of any other assets I own.

C · Primary beneficiaries

Upon my death, I direct Emmonak Corporation to transfer my Emmonak Corporation stock, in the percentages specified below, to the following primary beneficiaries. **Percentages MUST total 100%**. If you designate more than four (4) primary beneficiaries, attach a supplemental page in the same format.

Primary Beneficiary #1

FULL LEGAL NAME

RELATIONSHIP TO YOU (SON, DAUGHTER, SPOUSE, ETC.)

DATE OF BIRTH (MM/DD/YYYY)

ALASKA NATIVE? (Y/N)

% OF SHARES (MUST TOTAL 100% FOR ALL PRIMARIES)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

Primary Beneficiary #2

FULL LEGAL NAME

RELATIONSHIP TO YOU (SON, DAUGHTER, SPOUSE, ETC.)

DATE OF BIRTH (MM/DD/YYYY)

ALASKA NATIVE? (Y/N)

% OF SHARES (MUST TOTAL 100% FOR ALL PRIMARIES)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

Primary Beneficiary #3

FULL LEGAL NAME

RELATIONSHIP TO YOU (SON, DAUGHTER, SPOUSE, ETC.)

DATE OF BIRTH (MM/DD/YYYY)

ALASKA NATIVE? (Y/N)

% OF SHARES (MUST TOTAL 100% FOR ALL PRIMARIES)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

Primary Beneficiary #4

FULL LEGAL NAME

RELATIONSHIP TO YOU (SON, DAUGHTER, SPOUSE, ETC.)

DATE OF BIRTH (MM/DD/YYYY)

ALASKA NATIVE? (Y/N)

% OF SHARES (MUST TOTAL 100% FOR ALL PRIMARIES)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

D · Contingent beneficiaries

If any of my primary beneficiaries predecease me, or if a primary beneficiary is otherwise unable to receive the shares, I direct that the affected shares be transferred to the contingent beneficiary or beneficiaries below. If you wish the affected shares to be redistributed among the surviving primary beneficiaries proportionally, write **"SURVIVING PRIMARY BENEFICIARIES PROPORTIONAL"** in Contingent #1's name field.

Contingent Beneficiary #1

FULL LEGAL NAME OR "SURVIVING PRIMARY BENEFICIARIES PROPORTIONAL"

RELATIONSHIP

ALASKA NATIVE? (Y/N)

% OF AFFECTED SHARES (TOTAL 100%)

Contingent Beneficiary #2

FULL LEGAL NAME OR "SURVIVING PRIMARY BENEFICIARIES PROPORTIONAL"

RELATIONSHIP

ALASKA NATIVE? (Y/N)

% OF AFFECTED SHARES (TOTAL 100%)

E · Special instructions (optional)

If you wish to give Emmonak Corporation any special direction regarding the transfer of your shares — for example, holding shares in trust for a minor beneficiary until they reach a specified age, or excluding a specific person from taking under this Stock Will — write those instructions here. Otherwise, write "NONE".

SPECIAL INSTRUCTIONS (WRITE NONE IF NONE)

F · Execution by the testator

I **HAVE READ** this Stock Will, understand its contents, and declare that it expresses my intentions for the disposition of my Emmonak Corporation stock upon my death. I sign this Stock Will freely and without duress.

SIGNED AT (CITY, STATE)

DATE SIGNED (MM/DD/YYYY)

TESTATOR SIGNATURE

PRINT FULL LEGAL NAME

G · Witnesses (two required)

Under **AS 13.12.502**, a valid Alaska will requires the signatures of at least **two (2) competent adult witnesses** who signed the document within a reasonable time after they witnessed the Testator's signing. A witness should **not** be a person who is designated to receive shares under this Stock Will.

The undersigned, each of us being at least eighteen (18) years of age and of sound mind, hereby attest that the Testator named above signed this Stock Will in our presence, that the Testator appeared to us to be of sound mind and under no duress or undue influence, and that at the Testator's request we sign as witnesses in the Testator's presence and in the presence of each other.

Witness #1

FULL LEGAL NAME

DATE OF BIRTH

STREET ADDRESS, CITY, STATE, ZIP

WITNESS SIGNATURE

DATE SIGNED

Witness #2

FULL LEGAL NAME

DATE OF BIRTH

STREET ADDRESS, CITY, STATE, ZIP

WITNESS SIGNATURE

DATE SIGNED

H · Self-proving affidavit (optional — AS 13.12.504)

Complete this section **before a notary public** only if you and both witnesses are able to appear together before a notary. A self-proving affidavit is **not required** to make this Stock Will valid, but it reduces the burden of proof in probate court by eliminating the need to locate the witnesses years later.

STATE OF

JUDICIAL DISTRICT OR COUNTY

The Testator and each of the two Witnesses, being first duly sworn upon oath, each state to the undersigned notary public that: (1) the Testator declared, signed, and executed the foregoing Stock Will as the Testator's own free act; (2) each Witness signed as a witness in the presence of the Testator and in the presence of each other; and (3) to the best of the knowledge of each of us, the Testator was, at the time of executing this Stock Will, of sound mind, at least eighteen (18) years of age, and under no duress or undue influence.

TESTATOR SIGNATURE (BEFORE NOTARY)

DATE

WITNESS 1 SIGNATURE (BEFORE NOTARY)

DATE

WITNESS 2 SIGNATURE (BEFORE NOTARY)

DATE

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC PRINTED NAME

COMMISSION EXPIRES (MM/DD/YYYY)

Notary signature and seal

WHERE TO RETURN YOUR COMPLETED STOCK WILL

Emmonak Corporation, Attn: Shareholder Records
P.O. Box 49, Emmonak, AK 99581
records@emmonak.com · 907-949-1129

Return a signed original or a legible photocopy. You may revoke or amend this Stock Will at any time by delivering a superseding executed Stock Will to Emmonak Corporation.