

DRAFT — PENDING LEGAL REVIEW

This form is provided so the Corporation can collect a shareholder's proposed gift information while it is under review by outside counsel. Emmonak Corporation will not record any share transfer under this form until Rev 1.0 is issued. A completed draft copy is retained on the shareholder's file and re-executed on the final Rev 1.0 form once available.

This form directs Emmonak Corporation to transfer some or all of your Settlement Common Stock, during your lifetime, to one or more eligible relatives. It is governed by federal ANCSA law (**43 U.S.C. § 1606(h)(1)(C)**) and by the Alaska probate framework (**AS 13.16**) where it interacts with the recipient's future estate. 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.

WHO CAN RECEIVE AN INTER VIVOS GIFT?

Federal ANCSA law restricts a lifetime gift of Settlement Common Stock to the following eligible relatives of the donor: **child, grandchild, great-grandchild, niece, nephew, sibling, or parent**. A gift to any other person — including a spouse, cousin, in-law, friend, or non-relative — is **not valid** under 43 U.S.C. § 1606(h)(1)(C) and cannot be recorded on the Corporation's books.

Emmonak Corporation provides this form as an informational accommodation. It is not a substitute for legal advice. Because an inter vivos gift of ANCSA stock is irrevocable once accepted and can have federal tax, Alaska estate-plan, and voting-share consequences, you should consider having an Alaska-licensed attorney review this gift as part of your broader estate plan.

A · Donor (you, the shareholder making the gift)

FULL LEGAL NAME

ANY OTHER NAMES USED (MAIDEN, MARRIED, ALIASES)

DATE OF BIRTH (MM/DD/YYYY)

EMMONAK CERTIFICATE # (OPTIONAL)

YOUR TOTAL EMMONAK SHARES (BEFORE THIS GIFT)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

PHONE

EMAIL

B · Declaration and irrevocable gift

I, the Donor named above, being of sound mind and lawful age, do hereby give, transfer, and assign the number of shares of Emmonak Corporation Settlement Common Stock specified below to the recipient(s) named below, as an **irrevocable inter vivos gift** under 43 U.S.C. § 1606(h)(1)(C). I represent and warrant that each recipient is my eligible relative in one of the categories permitted by that statute. I acknowledge that once accepted by the recipient and recorded on the Corporation's books, this gift is **final** and cannot be revoked or clawed back by me.

C · Gift schedule

Complete one Recipient block for each recipient. The total shares gifted (across all recipients) must equal the number entered on the line below and must not exceed your total Emmonak shares.

TOTAL SHARES GIFTED ACROSS ALL RECIPIENTS (E.G., 100.0000)

REQUESTED EFFECTIVE DATE (MM/DD/YYYY)

D · Recipient(s)

Recipient #1

FULL LEGAL NAME

RELATIONSHIP TO DONOR (SEE ELIGIBLE LIST ON PAGE 1)

DATE OF BIRTH (MM/DD/YYYY)

ALASKA NATIVE? (Y/N)

NUMBER OF SHARES GIFTED (E.G., 25.0000)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

PHONE

EMAIL

Recipient #2

FULL LEGAL NAME

RELATIONSHIP TO DONOR (SEE ELIGIBLE LIST ON PAGE 1)

DATE OF BIRTH (MM/DD/YYYY)

ALASKA NATIVE? (Y/N)

NUMBER OF SHARES GIFTED (E.G., 25.0000)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

PHONE

EMAIL

Recipient #3

FULL LEGAL NAME

RELATIONSHIP TO DONOR (SEE ELIGIBLE LIST ON PAGE 1)

DATE OF BIRTH (MM/DD/YYYY)

ALASKA NATIVE? (Y/N)

NUMBER OF SHARES GIFTED (E.G., 25.0000)

MAILING ADDRESS (STREET, CITY, STATE, ZIP)

PHONE

EMAIL

If you are gifting to more than three recipients, attach a supplemental page in the same format and reference it here:

SUPPLEMENTAL-PAGE REFERENCE (OPTIONAL)

E · Recipient acceptance

Each recipient named in Section D must sign below to accept the gift. A gift is not effective until the recipient (or the recipient's legal guardian, if a minor or under legal disability) has accepted it in writing. The Corporation will record the transfer only after receiving accepted signatures from every recipient.

Recipient #1 acceptance

RECIPIENT SIGNATURE (OR LEGAL GUARDIAN FOR A MINOR)

DATE ACCEPTED

PRINTED NAME OF SIGNER

CAPACITY (RECIPIENT · LEGAL GUARDIAN · OTHER)

Recipient #2 acceptance

RECIPIENT SIGNATURE (OR LEGAL GUARDIAN FOR A MINOR)

DATE ACCEPTED

PRINTED NAME OF SIGNER

CAPACITY (RECIPIENT · LEGAL GUARDIAN · OTHER)

Recipient #3 acceptance

RECIPIENT SIGNATURE (OR LEGAL GUARDIAN FOR A MINOR)

DATE ACCEPTED

PRINTED NAME OF SIGNER

CAPACITY (RECIPIENT · LEGAL GUARDIAN · OTHER)

F · Donor signature

Sign and date this Gift instrument below in the presence of two competent adult witnesses. Your witnesses must be at least 18 years old, of sound mind, and not among the recipients named in Section D.

Donor signature

DONOR PRINTED NAME

DATE SIGNED (MM/DD/YYYY)

G · Witnesses (two required)

Each witness attests that the Donor signed this instrument in the witness's presence, that the Donor appeared to be of sound mind and under no duress, and that the witness is not a recipient of the gift.

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 · Notary self-proving affidavit (optional)

A notary public may complete this section to create a self-proving affidavit. A notarized gift is not required by ANCSA, but a self-proving affidavit simplifies future estate-administration questions and is strongly recommended.

State of _____, County of _____, ss.

The foregoing Inter Vivos Gift of ANCSA Stock was acknowledged before me by the Donor and the witnesses named above, on the date shown, who first identified themselves to me by satisfactory evidence and executed the same in my presence for the purposes expressed.

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 GIFT FORM

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

Return the signed original (or a legible photocopy). The Corporation will not record the gift until every recipient acceptance signature (Section E) has been received and until the current draft-review status is cleared. Retain a copy for your records.