

LAST WILL AND TESTMENT OR CODICIL TO ANY PRE-EXISTING WILL
FOR THE PURPOSE OF
CHUGACH ALASKA CORPORATION

I, _____, born on _____, having reached the age of eighteen (18) and being of sound mind, and solely for the purposes of Alaska Statute 13.16.705(b) and the Alaska Native Claims Settlement Act of 1971, Sec. 7(h)(2), execute this will for the purpose of transferring my shares of stock in CHUGACH ALASKA CORPORATION (CAC) upon my death.

Part A. I give my shares of CAC stock to: *(All existing fractional shares of stock should be given to one person, and existing whole shares should be given as whole shares and not split into fractional shares.)*

Full Name	Mailing Address, Cell Phone #, and Email	Relationship to You	Whole # of Shares
Total Shares:			

Part B. *The following options are presented to help you make your Stock Will. You are not required to choose any of them in order to make this Stock Will valid, but you may do so if you wish.*

1. If, at the time of my death, any person named in Part A is a minor under the age of 18, I nominate the following person as custodian to hold the minor's stock until the minor reaches the age of 18. If, for any reason, the nominated person cannot act as custodian, I nominate the following person as alternate custodian.

Minor's Full Name	Nominated Custodian's Full Name, Mailing Address, Cell Phone #, and Email	Alternate Custodian's Full Name, Mailing Address, Cell Phone #, and Email

2. If, at the time of my death, I own additional shares of CAC stock, I leave those shares as follows: ***(check only one and initial)***

To the persons and in the same relative proportions as listed in Part A; or

To the persons listed in Part A in equal shares; or

To the following person(s) in the following amounts, which may include the persons listed in Part A: *(Complete the following table only if you checked this box)*

Full Name	Mailing Address, Cell Phone #, and Email	Relationship to You	% of Additional Shares

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3. If children are born to or adopted by me after the date of this Stock Will, I wish for them to be included in as nearly as equal shares with those persons listed in Part A: Yes / No

4. If any of the persons listed in Part A should die before me, I leave their shares as follows: **(check only one and initial)**

- To the person's heirs at law (usually their spouse and/or children); or
- To the surviving persons and in the same relative proportions as listed in Part A; or
- To the surviving persons listed in Part A in equal shares; or
- To the following person(s): *(Complete the following table only if you checked this box)*

Full Name	Mailing Address, Cell Phone #, and Email	Relationship to You

Dated at _____, _____, this ____ day of _____, 20 ____.
CITY STATE

Signature of Stockholder (testator)

State of _____)
 _____)
 _____)

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

 NOTARY PUBLIC IN AND FOR _____
 My Commission Expires: _____

If the Stock Will is not notarized, it must be completed with the signatures of two witnesses. (See second Page)

**Witnesses cannot be listed in Part A.
 Must be signed and witnessed on the same date or it will be returned.**

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Witness Number One:

I, _____, Witness, sign my name to this instrument, and declare that the testator signs and executes this instrument as the testator's will and that the testator signs it willingly, and that to the best of my knowledge the testator is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Signature of Witness

Date

Printed Name and Address of Witness One:

Name

Address

City

State

Zip

Witness Number Two:

I, _____, Witness, sign my name to this instrument, and declare that the testator signs and executes this instrument as the testator's will and that the testator signs it willingly, and that to the best of my knowledge the testator is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Signature of Witness

Date

Printed Name and Address of Witness Two:

Name

Address

City

State

Zip