

Natives of Kodiak Shareholder Permanent Fund Trust

EXERCISE OF LIMITED POWER OF APPOINTMENT FOR NOK SHAREHOLDER PERMANENT FUND ANCSA SETTLEMENT TRUST UNITS

I, _____, having attained or exceeded the age of eighteen (18) years of age, whose birth date is _____, and being of sound mind, hereby exercise my limited power of appointment with respect to my Natives of Kodiak Permanent Fund Settlement Trust Units to designate the following person(s) to receive my trust units, together with all appurtenant rights, title, and interest thereon, upon my death:

1.	Name: Address: City/State/Zip:		Relationship: DOB: Phone:		# of Trust Units Devised:
2.	Name: Address: City/State/Zip:		Relationship: DOB: Phone:		# of Trust Units Devised:
3.	Name: Address: City/State/Zip:		Relationship: DOB: Phone:		# of Trust Units Devised:
4.	Name: Address: City/State/Zip:		Relationship: DOB: Phone:		# of Trust Units Devised:

Initial here if additional heirs are listed on a separate sheet. _____

This exercise of my limited power of appointment may be changed from time to time or revoked. I understand that any attempted exercise of my limited power of appointment in favor of myself (the Beneficiary), my estate, my creditors, or creditors of my estate is void and of no force or effect. Any of my Trust Units not provided for by this exercise of my power of appointment may pass by will or, in the exercise of the Trustee's discretion, some or all of my Trust Units may be distributed to my devisees and/or heirs or cancelled. If this exercise of my power of appointment purports to dispose of more Trust Units than I own, the number of Trust Units disposed of shall be reduced pro rata (but without dividing any Trust Unit into a fraction of a Trust Unit) so that all my Trust Units are disposed of. The first person listed in this document will receive any excess necessary to avoid dividing Trust Units into fractions of Trust Units.

Signature: _____ Date: _____

Printed Name: _____

Notarization Certificate

THE STATE OF _____)
) ss.
 _____ JUDICIAL/COUNTY)

SUBSCRIBED, SWORN and AFFIRMED before me at _____ this _____ day of _____, 20_____.

 Notary Public in and for the State of _____
 My commission expires: _____