



**OLGOONIK CORPORATION
SHAREHOLDER VOLUNTARY DISENROLLMENT FORM**

I, _____, I.D. No.: _____;

Birth date: _____, SSN: _____

wish to DISENROLL: Myself and/or
 My children

from the OLGOONIK CORPORATION.

If you are disenrolling minor shareholder(s), are you the custodian of record for the minor(s)? (check one)

- YES
 NO

If YES, please list the name(s), birth date(s) and social security number(s) of the minor shareholder(s) for whom you are a custodian: (attach additional list if more space is needed referencing attachment of additional information to Form #15)

NAME	BIRTHDATE	SOCIAL SECURITY #

If you marked NO, you cannot disenroll the minor shareholder(s).

I have been informed that disenrolled shareholders are not eligible to receive benefits from OLGOONIK CORPORATION and will not be eligible for re-enrollment.

Date

Signature

STATE OF _____)
) ss.
_____ JUDICIAL DISTRICT)

THIS IS TO CERTIFY that on the _____ day of _____, 2009, before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____ to me known and known to me to be the identical individual described above, and acknowledged that he/she signed the same freely and voluntarily for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal the day and year last above written.

Notary Public
in and for _____

My Commission
Expires on _____