OC SHAREHOLDER VOLUNTARY DISENROLLMENT FORM

I, _____ (*print name*), Olgoonik Corporation (the "Corporation" or "OC") ID No. _____ (*print ID number*); birth date: _____, Social Security Number: _____ wish to disenroll the following person(s) from the Corporation (*check all that apply*)

☐ Myself ☐ My Child(ren)

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

☐ 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:

NAME	BIRTHDATE	SOCIAL SECURITY #

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

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

_____ _____

Signature Date

STATE OF _____)
) ss.
_____ JUDICIAL DISTRICT)

THIS IS TO CERTIFY that on the _____day of _____, 2010, 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 _____

FORM NO. 15

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