

VOLUNTARY DISENROLLMENT FORM

I, _____, wish to voluntarily disenroll the following person(s) From the Olgoonik Corporation (the "Corporation" or "OC"):

OC ID NO.	SOCIAL SECURITY NO.	BIRTH DATE

Are you disenrolling yourself and/or your children? (Check one)

☐ **Myself** ☐ **My child(ren)** ☐ **Both me and my child(ren)**

Are you disenrolling minor shareholder(s)?

Are you the Custodian of Record for the minor(s)?

☐ **Yes**

☐ **No**

☐ **Yes**

☐ **No**

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

If Yes, please provide the following information:

NAME

BIRTHDATE

SOCIAL SECURITY NO.

☐ 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 _____, 20____, 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 purposed therein mentioned.

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

Notary Public for _____
My Commission Expires on _____