

## TESTAMENTARY DISPOSITION (STOCK WILL) (AS 13.16.705)

I, , a shareholder of Olgoonik Corporation (OC), being at least 18 years of age

*First, Middle, Last Name, Suffix*

and of sound mind, hereby give all of the Class A shares of OC Stock that I own at the time of my death, to the following person(s) listed below:

YOUR DATE OF BIRTH

YOUR PHONE NUMBER

YOUR EMAIL

**\*Please contact the OC Stock Department to verify number of Class A shares you currently own.** In accordance with OC Board Resolution 2024-12, OC does not allow fractional shares. **Please use whole numbers only.**

FULL LEGAL NAME

NO. OF SHARES

ADDRESS

DATE OF BIRTH

SSN (IF KNOWN)

PHONE NUMBER

EMAIL

FULL LEGAL NAME

NO. OF SHARES

ADDRESS

DATE OF BIRTH

SSN (IF KNOWN)

PHONE NUMBER

EMAIL

FULL LEGAL NAME

NO. OF SHARES

ADDRESS

DATE OF BIRTH

SSN (IF KNOWN)

PHONE NUMBER

EMAIL

FULL LEGAL NAME

NO. OF SHARES

ADDRESS

DATE OF BIRTH

SSN (IF KNOWN)

PHONE NUMBER

EMAIL

**STOCK BENEFICIARY IDENTITY INFORMATION**

**NUMBER OF SHARES\***

**STOCK BENEFICIARY CONTACT INFORMATION**

<input type="text"/>		<input type="text"/>	<input type="text"/>	
FULL LEGAL NAME		NO. OF SHARES	ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	SSN (IF KNOWN)	PHONE NUMBER	EMAIL	

<input type="text"/>		<input type="text"/>	<input type="text"/>	
FULL LEGAL NAME		NO. OF SHARES	ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	SSN (IF KNOWN)	PHONE NUMBER	EMAIL	

<input type="text"/>		<input type="text"/>	<input type="text"/>	
FULL LEGAL NAME		NO. OF SHARES	ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	SSN (IF KNOWN)	PHONE NUMBER	EMAIL	

☐ BY CHECKING HERE, I HEREBY GIVE ANY OTHER SHARES I MAY POSSESS AT THE TIME OF MY DEATH TO THE BENFICIARIES LISTED ABOVE, IN THE SAME PROPORTION AS SET FORTH ABOVE.

☐ CHECK HERE IF YOU WERE ISSUED SCRIP BETWEEN 2009 and 2024 (*this is uncommon*).

If you were issued scrip in lieu of a fractional share between 2009 and 2024, please list your designated scrip beneficiary information here. Contact the Stock Department to verify scrip.

**SCRIP BENEFICIARY IDENTITY INFORMATION**

**SCRIP TOTAL**

**SCRIP BENEFICIARY CONTACT INFORMATION**

<input type="text"/>		<input type="text"/>	<input type="text"/>	
FULL LEGAL NAME		#	ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE OF BIRTH	SSN (IF KNOWN)	PHONE NUMBER	EMAIL	

Executed in the presence of a notary public on this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE OF SHAREHOLDER

State of \_\_\_\_\_ )  
 ) ss.  
County/Judicial District \_\_\_\_\_ )

I, \_\_\_\_\_, a Notary Public, in and for the state of \_\_\_\_\_, hereby acknowledge that the foregoing Testamentary Disposition (Stock Will) was executed before me by \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_. My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC PRINT NAME