VOLUNTARY DISENROLLMENT FORM

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

OC ID No: _____ Birth Date: _____
SSN: _____

Are you disenrolling yourself and/or your children? _____
Are you disenrolling minor shareholder(s)? Are you the Custodian of Record for the minor(s)?
Are you the custodian of record for the minor(s)? _____
If No, then you cannot disenroll the minor shareholder(s).
If Yes, please provide the following information:

NAME	BIRTHDATE	SSN

☐ 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 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. 27

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