



UNION MEDICAL BENEFITS SOCIETY LIMITED

Proxy Voting Authority

I hereby appoint _____, who is a member of the Society as my official proxy for the 2019 Annual General Meeting of the above Society, that is to be held in Christchurch, on Thursday 24 October 2019, starting at 6.00pm, and authorise him/her to exercise on my behalf all the prerogatives I am entitled to as a bone fide member of the Society, at the aforesaid Meeting.

This Proxy Form is invalid unless the member's membership number has been filled in.

Please **PRINT** full name: _____

Signed: _____
(Society Member)

Membership number: _____