

SGM Proxy representation form.



Please note that all proxies must be in attendance at the SGM and the maximum number of votes that any one person can hold is 50.

Fields marked with an asterisk (*) are required.

Member name*

Membership/Policy number (if known)

Email*

Phone*

As a Member of UniMed, I hereby appoint the following person as my proxy to vote at the SGM on my behalf.

I appoint the person below as my proxy:

Any UniMed Director (sign below)

The following UniMed Member or union delegate who is a Member (please provide details below)

Full name of person voting as a named proxy*

Membership/Policy number of proxy (if known)

Email of proxy*

Phone of proxy*

Resolution:

That Members of Union Medical Benefits Society (UniMed) approve and adopt the revised and updated Rules of UniMed.

I would like to direct my proxy to vote for the above resolution as follows:

My vote should follow my proxy's vote

Nominated proxy to vote FOR on my behalf

Nominated proxy to vote AGAINST on my behalf

You must sign this form. If you do not sign your proxy will be invalid.

Signed*

Date*

Proxy nomination documentation to be emailed to

Secretary@unimed.co.nz

or free posted to

ReplyPaid Authority Number: 688

Governance Administrator,

UniMed,

PO Box 1721,

Christchurch 8140

To be valid, we must receive your fully completed and signed form by 6pm on Wednesday 27 May 2026.



Union Medical Benefits Society Limited

165 Gloucester Street, Christchurch

PO Box 1721, Christchurch 8140

unimed.co.nz