UNION MEDICAL BENEFITS SOCIETY LIMITED

AGM
Proxy representation form.

UniMed

Member name: (required)

Membership number: (required)

As a Member of UniMed, I hereby appoint the following person as my proxy to act generally at the AGM on my behalf, and for the votes for the resolutions to be cast at their discretion.

I appoint the person below as my proxy*:

- ◯ Any UniMed director who is also a Member of the Society (sign below)
- ◯ Any UniMed Member (sign below)
- ◯ My union delegate who is a Member (sign below)
- ◯ The UniMed Member listed below, complete details before signing below

Full name of person voting as a named proxy (required)

Membership number of proxy (required)

Email (required)

Phone (required)

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

Signed

Date (dd/mm/yy)

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

Go paperless.

Register an email with UniMed to keep up-to-date with the latest information on your Membership.
Visit unimed.co.nz/update, scan the QR code or call us on 0800 600 666 Monday to Friday 8am-5pm (Wednesday 9am-5pm)

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

Your fully completed and signed form must be received by 6pm on Wednesday 19 November or it will be invalid.

UniMed

Head Office

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unimed.co.nz