

# Annual General Meeting Proxy Representation Form



Please ensure this form is completed and signed. An incomplete form could be deemed invalid.

## 1. Member details

Member name (required)

Membership/ Policy 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:

- ☐ The Chairperson
- ☐ The UniMed Member listed below (complete details below)
- ☐ My union delegate listed below who is a Member (complete details below)

If none of the above options are selected, I understand that the Chairperson will be appointed as my proxy by default.

## 2. Named proxy details

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

Membership/ Policy number of proxy

Email (required)

Phone (required)

A proxy must attend the AGM to vote on your behalf. A Member may hold up to 100 proxies. The Chairperson may hold an unlimited number of proxies.

## 3. My voting instructions for the AGM:

Full information about the AGM and resolutions can be found at [unimed.co.nz/agm](https://unimed.co.nz/agm). If no voting instructions are indicated then it will be assumed that your vote will be at your proxy's discretion.

**Resolution: To approve the minutes of the 2025 Annual General Meeting and the 2026 Special General Meeting**

That the minutes of the Annual General Meeting of the Society held on 20th November 2025 and the Special General Meeting of the Society held on 28th May 2026 both be approved as true and correct records of each meeting.

- ☐ For ☐ Against ☐ Abstain ☐ Proxy's choice

### Resolution: To set the remuneration for the Board

That, in accordance with the Rules of UniMed, the remuneration payable to the members of the Board of Directors for the financial year ending June 2027 be approved and fixed at an aggregate amount of \$568,750, such remuneration to be apportioned amongst Directors in accordance with the Director Remuneration & Expenses Policy.

☐ For      ☐ Against      ☐ Abstain      ☐ Proxy's choice

### Election of two Elected Directors

Please select up to **TWO** (2) candidates for election to the UniMed Board of Directors. If more than two candidates are selected, your vote will be invalid and cannot be counted.

- ☐ Erica Hodgson  
☐ Erin Polaczuk  
☐ Justine Gilliland  
☐ Abstain from voting

**Member full name**

**Signature**

**Date signed** (dd/mm/yy)

### 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 completed and signed form must be received by 6pm  
on Wednesday 18 November 2026.**

**UniMed**

Union Medical Benefits Society Limited  
165 Gloucester Street, Christchurch  
PO Box 1721, Christchurch 8140  
[unimed.co.nz](http://unimed.co.nz)