GOLDEN ARROW
EMPLOYEES' MEDICAL BENEFIT FUND

PROXY FORM

GOLDEN ARROW EMPLOYEES' MEDICAL BENEFIT FUND ANNUAL GENERAL MEETING
27 JULY 2026

PLEASE COMPLETE IN BLOCK LETTERS

Please complete this form if you are unable to attend the Annual General Meeting and you wish to appoint another member of the Fund as your proxy to attend, speak and vote for you at the meeting or at any adjournment thereof.

Your membership details

Membership number		Employee number	
Full name and surname			

As a member of the Golden Arrow Employees' Medical Benefit Fund, I appoint the following member of the Fund as my proxy:

Membership number		Employee number	
Full name and surname			

☐ As a member of the Golden Arrow Employees' Medical Benefit Fund, I appoint the Chairperson of the Annual General Meeting as my proxy at the meeting or at any adjournment thereof. **Please tick the box if you wish to appoint the Chairperson as your proxy.**

Signed this ____ day of ____ 2026.

Signature of member	

Signature of person appointed as proxy		**No signature required if you appoint the Chairperson as your proxy.**

NOTE:

Each Fund member attending a general meeting of the Fund, whose contributions are not in arrears, is entitled to vote. Subject to this rule, a member may appoint another Fund member as a proxy to attend, speak, and vote on their behalf. Only one proxy appointment per Fund member is permitted. If multiple proxies are submitted, only the first will be accepted; all others will be declared invalid.

Proxy forms must be deposited in the locked proxy/nomination box located at the HR Offices in Montana by no later than close of business on **Monday**, **20 July 2026**, to allow sufficient time for validation.

Any proxy forms received after this deadline will be declared invalid. Any incomplete proxy forms will also be declared invalid.