

ACT Retirement Village Residents Association Inc.

To: provide independent information, advice, advocacy and representation

PROXY AUTHORISATION FOR ACT RVRA MEETING

I,

(Name of authorising member)

of.....

(Retirement Village)

a financial member of **The ACT Retirement Village Residents Association Inc.**

authorise

(Name of proxy)

of.....

(Retirement Village)

a member of the Association, to vote on my behalf at the **14th Annual General Meeting of the ACT RVRA** to be held on 20 November 2024 and at any adjournment of that meeting.

INSERT VOTING PREFERENCES BELOW IF DESIRED

My proxy is authorised to vote in favour of/ against (delete as appropriate)

.....

.....

(Insert details)

SIGNED.....

(Signature of authorising member)

DATE.....