2014 AGM



Appointment of Proxy

I,			of			,	
(insert name)			(insert town of residence)				
_	a member ent Support A				of	Suicide	
hereby ap	point	(insert	name o	 f proxy)			
me on my the associ 2015, and * My prox	ember of the y behalf at the iation, to be at any adjourns is authorised the resolution.	ne 201 held rnmer d to vo on (inso	L5 Anron the ote in th	nual General e 13 th day eof. favour of/ages below).	of Fo	eeting of ebruary,	
 Signature		– – – g proxy)	_	Date			

NOTE: A proxy vote may not be given to a person who is not a member of SOS Survivors of Suicide Bereavement Support Association Inc.

^{*} insert if desired. If not completed, proxy will vote as they see fit.