Proxy Form

STEP 1: YOUR DETAILS





Proxy Forms must be received at the registered office of KU Children's Services no later than 4:00pm (EST) on Sunday 23 May 2021.

Once you have completed all four (4) sections of this Proxy Form, return both pages by one of the following means:

Registered Office: 129 York Street, Sydney NSW 2000 Post: PO Box Q132, QVB Post Office NSW 1230

Email: <u>CompanySecretary@ku.com.au</u>

Full Name:		KU Centre:					
	(Please print)	(I _f	applicab	ole)			
Membership Type:	Parent Member	General Interest Member	Lif	e Memb	er		
STEP 2: APPOINT	YOUR PROXY						
This person must actually attend the AGM to vote on your behalf.							
Please note: KU Centre Directors do not attend the AGM and therefore cannot act as a Proxy.							
"Chair of the Board	". The person acting as	ference to the office they hold, e. a Proxy does not have to be a KL	-		leeting" or		
I hereby appoint:		of the person you are appointing	as vour bi	 roxv)			
as my proxy to vote on my behalf at the Annual General Meeting of the Company to be held at the Hilton Hotel, Level 1 – Rooms 5 & 6, 488 George Street, Sydney NSW 2000 on Tuesday 25 May at 2021 at 4:00pm (EST) and at any adjournment thereof.							
STEP 3: YOUR VOTING INSTRUCTIONS							
Tick <u>one</u> of the opt	ions below:						
Option A: My Proxy is entitled to vote in whatever way he/she thinks fit.							
my proxy is free	e to vote in whatever wo	e in accordance with the instructi ay he/she thinks fit in relation to g mpany, and/or if I have not provid	eneral bu	siness co	nducted at		
			Yes	No	Abstain		
	t of Life Member - Ms L						
Ordinary res	olution to appoint Ms Lo	aura Hartley as Life Member	Ш				
	t of Life Member – Dr J olution to appoint Dr Je	lennifer Skattebol nnifer Skattebol as Life Member					
• •	t of Life Member – Dr Folution to appoint Dr Ro	Robyn Dolby byn Dolby as Life Member					
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YOUR VOTING INSTRUCTIONS continued	
Election of Directors	
To vote for two Elected Director positions on the Board of Director following nominations):	s (please tick <u>two boxes only</u> from the
☐ Elizabeth Hristoforidis	
☐ Tamara Robinson	
☐ Sarah Tormey	
STEP 4: AUTHORITY	
Signature: Date:	