

BALLOT FOR MERGER PROPOSAL

Name of Member: _____

Account Number: _____

Your credit union must receive this ballot by _____.

Please mail or bring it to:

I have read the Notice of Special Meeting for the members of _____ Credit Union. The meeting will be held on _____, 20____, to consider and act upon the merger proposal described in the Notice of Special Meeting. I vote on the proposal as follows (check one box):

☐

Approve the proposed merger and authorize the Board of Directors to take all necessary action to accomplish the merger.

☐

Do not approve the proposed merger.

Member Signature

Date

Member Name (printed)