

## 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)