



Proxy Voting Form

This form allows Employer Members to exercise their votes at the HITO AGM by appointing a Proxy to attend the meeting on their behalf. Only Employer Members may appoint a Proxy and only the following people may hold a Proxy:

- A Delegate of an Employer Member or
- A Representative of an Association Member.

A Delegate of an Employer Member can hold up to four Proxies at a General Meeting. A separate proxy form must be completed for each Proxy.

A Representative of an Association Member may hold Proxies for Employer Members that are current members of that Association Member.

For the Proxy to be valid, this proxy form must be completed and reach the Returning Officer (David Patten from David J Patten And Associates (Wellington)) by email by 5pm Friday 20 April 2018 at the following email address: **david.patten@xtra.co.nz**

I direct the Proxy to vote in the following manner (Please tick the appropriate box):

- As the Proxy sees fit for the remit
- Directed to vote as below for the remit

Voting on Remit on Constitution

Please cast your vote by placing a tick in the box below whether you agree to the remit to change the HITO Constitution. Please leave the other boxes blank.

Do you accept the Remit to the Constitution?	Vote
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>



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Part A - Details

Name of Employer Member appointing a Proxy:

Name of the Proxy:

Type of Proxy: Delegate of Employer Member Representative of Association Member

Name of Employer Member Proxy is a Delegate OR Name of Association Proxy is a Representative

Part B1 - Employer member confirmation (completed by the Employer Member)

I, confirm that I have authority to complete this proxy form
(name of representative of the Employer Member)

on behalf of
(name of Employer Member)

I also confirm that the Employer Member is a current financial member of HITO and it appoints

to attend the HITO Annual General Meeting on
(name of Proxy)

to exercise its vote(s).
(insert date)

Signature of Employer Member

Date

Contact Email Address:

Contact Telephone Number:

Part B2 - Proxy Confirmation (to be completed by the Proxy)

I confirm that I am eligible to be appointed as a Proxy and that I will vote in accordance with the direction of the Employer Member as outlined above.

Signature of Proxy

Date

Contact Email Address:

Contact Telephone Number: