

# Ballot for Merger Proposal

Name of Member: \_\_\_\_\_ Account Number: \_\_\_\_\_

Your credit union must receive this ballot by \_\_\_\_\_ (date for vote).  
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 the above date to consider and act upon the  
merger proposal described in the notice. 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.

Signed: \_\_\_\_\_  
Member's Signature

Date: \_\_\_\_\_