| DATE: | |
|--|--|
| TO: Khalsa Credit Union, | Branch |
| Account No: | |
| Account Name: | |
| Appointment of voting representa | ative for |
| Incorporated Company | |
| Limited Partnership | |
| Associations | |
| | , the undersigned, as the authorized signing athorize to for the Election of Directors on April 28, 2024. |
| The representative is not a voting member of I once for voting representative. | Khalsa Credit Union and can be nominated only |
| Name of Representative who will vote | : |
| Driving License No./Citizenship No./Passport N | Io. : |
| Address of Representative | : |
| Signed: | |
| Authorized Signing Officer | Representative (by signing, you also confirm you are not a voting member of Khalsa Credit Union and is nominated only once for voting) |

Authorized Signing Officer