



Nova Credit Union Limited
ABN 40 087 650 440



YOUR VOTE IS IMPORTANT. Vote NOW for a progressive, strong, independent and 100% member-owned Nova

You can vote by completing the attached form and returning it by email or by post.
FOR YOUR VOTE TO BE EFFECTIVE IT MUST BE RECORDED BEFORE 5.00PM (SYDNEY TIME) ON Friday 7th April 2017.

TO VOTE BY COMPLETING THE PROXY FORM

STEP 1 Appointment of Proxy

Indicate here who you want to appoint as your Proxy
If you wish to appoint the Chair of the Meeting of Nova Credit Union Limited (the **Mutual**) on **Monday, 10th April 2017 at 10.00 am] (Sydney Time) at 3/71 King Street Newcastle NSW 2300 (the Meeting)**, as your proxy, mark the box. If you wish to appoint someone other than the Chair of the Meeting as your proxy please write the full name of that individual. If you leave this section blank, or your named proxy does not attend the Meeting, the Chair of the Meeting will be your proxy. A proxy need not be a member of the **Mutual**. Do not write the name of the Mutual or your registered member name in the space.

STEP 2 Voting Directions to your Proxy

You can tell your Proxy how to vote
To direct your proxy how to vote, mark one of the boxes opposite each resolution item. Your vote will be cast in accordance with such a direction. If you do not mark any of the boxes on a given item, your proxy may vote as he or she chooses. If you mark more than one box on resolution item, your vote on that item will be invalid.

STEP 3 Sign the Form

This form must be signed by the member
Power of Attorney: to sign under a Power of Attorney, you must have already lodged it with the Mutual. Alternatively, attach a certified photocopy of the Power of Attorney to this form when you return it.

STEP 4 Lodgement of a Proxy


This Proxy Form (and any Power of Attorney under which it is signed) must be received by email or at the address given below no later than **5.00PM (Sydney Time) on Friday 7th April 2017**.

Any Proxy Form received after that time will not be valid for the scheduled Meeting.

Proxies may be lodged with the Returning Officer:

 **By Email** info@novacu.com.au

 **By Fax** 02 4929 4751

 **By Mail** Returning Officer
Nova Credit Union
PO Box 789
Newcastle NSW 2300 Australia

 **In Person** 3/71 King Street Newcastle NSW 2300

Attending the Meeting

If you wish to attend the Meeting please bring this form with you to assist registration.

PROXY FORM

STEP 1 APPOINTING YOUR PROXY

I being a member of **Nova Credit Union Limited** and entitled to attend and vote at the Meeting of Nova Credit Union Limited on **Monday 10th April 2017 at 10:00 am (Sydney Time)** at 3/71 King Street Newcastle NSW 2300, hereby appoint

The Chair of the Meeting (mark box)

OR if you are **NOT** appointing the Chair of the Meeting as your proxy, please write the name of the person (excluding you as a registered member) you are appointing as your proxy below

or failing the person named, or if no person is named, the Chair of the Meeting as my proxy to act generally at the Meeting on my behalf and to vote in accordance with the following directions (or if no directions have been given, as the proxy sees fit) at the Meeting and at any adjournment of the Meeting.

The Chair of the Meeting intends to vote undirected proxies in favour of each of the items of business.

STEP 2 VOTING DIRECTIONS

* If you mark the Abstain box for a particular item, you are directing your proxy not to vote on your behalf on a show of hands or on a poll and your vote will not be counted in calculating the required majority if a poll is called.

Resolution	Agenda Item	Description	For	Against	Abstain*
1	1	That the Company's Constitution be amended as set out in the Annexure to the notice of general meeting, with the adoption of such amendments subject to satisfaction of all requirements under Divisions 2 and 3 and Rule A5-4(1) of Appendix 5 of the Constitution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 3 SIGNATURE OF MEMBER

This form must be signed to enable your directions to be implemented.

Name:

Address:

State: Postcode:

Member number

Member signature

Today's Date: / / 2017

If an attorney (please print)

By its duly appointed attorney

Name:

Address:

State: Postcode:

under a current and valid power of attorney, who certifies that the attorney has not received any notice of revocation of that power of attorney.

Today's Date / / 2017