

MERIDIAN CREDIT UNION PROXY FORM



Important Information for Corporations, Partnerships and Unincorporated Associations Corporations, Partnerships, and Unincorporated Associations must cast their vote by appointing one person to vote on its behalf through written proxy. **Voting will take place from March 20, 2025, at 9:00 a.m. EST to April 8, 2025, at 5:00 p.m. EST. To ensure your vote is counted, please return the signed proxy form before April 8, 2025.**

This proxy form must be signed by the President or other senior executive with signing authority of such entity. The individual appointed need not be a Member of the Credit Union. By Ontario law, only one vote can be submitted by proxy on any one matter. If the proxy is also a Member in his or her own right, that person is entitled to cast a second vote on his or her own behalf.

The signed proxy form must be emailed to AGM@meridianCU.ca. Alternatively, it can be mailed by Canada Post to the St. Catharines Corporate Office during the voting period:

Mail: Returning Officer
St. Catharines Corporate Office
Re: Meridian’s 2025 Directors’ Election
75 Corporate Park Drive
St. Catharines ON L2S 3W3

The undersigned Member of Meridian Credit Union Limited hereby appoints:

_____ of _____
(Name) (Location, i.e. Town, City)

as the proxy of the undersigned to exercise its voting rights for Meridian’s 2025 Directors’ Election, and to attend and act on its behalf at the 2025 Annual General Meeting, to be held in person and online, and at any session or sessions following any adjournment or adjournments thereof in the same manner, to the same extent and with the same power as if the undersigned were present at the said meeting or session following an adjournment thereof. This proxy shall cease to be valid on the day following the completion of the 2025 Annual General Meeting.

NOTE: If the above named individual is not an Authorized Officer of the below listed business, we hereby authorize Meridian to disclose the business account number and voting password to the named proxy holder in order to permit him or her to cast our ballot.

Dated the _____ day of _____ 2025

Name of Corporation, Partnership or Unincorporated Association

Last 4 digits of Account Number (Where the \$1 Membership Share is Held)

(Name) (Title) (Phone Number)

Signature of Authorizing Officer



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