



Administered by Universal Healthcare (Pty) Ltd
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OLD MUTUAL STAFF MEDICAL AID FUND PROXY FORM

I, _____
(full name and membership number), being a member of the Old Mutual Staff Medical Aid Fund, do hereby appoint

(full name and membership number) or, failing him/her the Chairperson of the meeting, as my proxy to attend, to speak and to vote on my behalf at the Fund's Annual General Meeting on Thursday, 20 June 2024 at 10:00, or at any adjournment thereof.

Dated this: _____ day of _____ 2024

Signed: _____

IMPORTANT:

This proxy must be completed and returned to reach the Principal Officer, via email to OMSMAF_office@oldmutual.com. Alternately proxies may be hand delivered to the OMSMAF Walk-in Centre, Ground Floor, Mutual Park, Pinelands, Cape Town. Proxies must reach the Principal Officer no later than 48 hours before the date of the meeting (i.e. by no later than 10:00 on 18 June 2024). No proxy forms will be accepted after the deadline or at the Annual General Meeting.