



Ontario Society of Occupational Therapists' Annual and Special Meeting of Members
September 27, 2023 | 12:00pm - 1:30pm | Via Zoom

PROXY FORM

Instructions:

Each Member may appoint a proxyholder to attend and act on the Member's behalf at the meeting identified at the top of this form.

If you wish to appoint a proxy, please complete and sign this form and submit it to the Ontario Society of Occupational Therapists at osot@osot.on.ca no later than noon on September 25, 2023.

1. Name of Member: _____

2. Please select ONE of the following:

a. Discretionary voting: I hereby designate the following individual who shall be a Member of the Corporation

_____ *Enter name of proxyholder*

_____ *Enter email address of proxyholder*

to attend the meeting on my behalf and to act as my proxyholder at the meeting identified in this form, and to have discretion to vote on, or to withhold the vote (abstain) on the appointment and remuneration of the auditor, and the election of directors and in respect of matters identified in the notice of meeting that may be amended or that may otherwise properly come before the meeting and for which instructions are not provided in this proxy form.

b. Directed voting: I hereby direct the proxy to vote as follows on the questions contained in the notice of meeting:

i. To approve the audited [Financial Statement for the period of October 1, 2023-September 30, 2022](#). Please check one:

In favour Against Abstain

ii. To approve the [Amended and Restated By-laws of the Corporation](#) without amendments. Please check one:

In favour Against Abstain

iii. To approve the [Amended and Restated By-laws of the Corporation](#) with amendments proposed at the meeting. Please check one:

In favour Against Abstain

iv. To approve the draft [Articles of Amendment](#) and their filing with the Ontario Ministry of Public and Business Services Delivery. **Please check one:**

In favour Against Abstain

3. I understand that if a ballot is demanded, I direct my proxyholder to vote in accordance with any instructions in this form.
4. If the above-designated proxyholder is unwilling or unable to attend the meeting identified in this form, I hereby appoint the individual indicated below to be my proxyholder in order to attend and act at the meeting of the corporation on my behalf.

Enter name of alternate proxyholder.

Enter email address of alternate proxyholder.

I acknowledge that this proxy will be acted upon unless revoked by myself in writing to the Ontario Society of Occupational Therapists at osot@osot.on.ca on or before noon on September 25, 2023.

Please type your signature (the typed signature herein is legally binding).

Date