



Ontario Society of Occupational Therapists
Annual General Meeting
March 28, 2024 | 12:00 PM to 1:00 PM | via Zoom

Proxy Form

Instructions:

Each Member may appoint a [proxyholder](#) to attend and act on their behalf at the upcoming meeting.

To appoint a proxy, please complete and sign the enclosed form and submit it to the Ontario Society of Occupational Therapists at osot@osot.on.ca. Please ensure that the form is received by the deadline of noon on March 26, 2024.

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 full 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 the 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. That the [Audited Financial Statement for the period of October 1, 2022 to September 30, 2023](#), as prepared by Pennylegion/Chung LLP Chartered Accountants, be accepted as circulated. **Please check one:**

In favour	Against	Abstain
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- ii. That Pennylegion/Chung LLP Chartered Accountants be appointed as auditors for the 2023 - 2024 audit. **Please check one:**

In favour	Against	Abstain
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3. I understand that if a ballot is demanded, I direct my proxyholder to vote per 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 to attend and act at the meeting of the corporation on my behalf.

(Enter name of alternate proxyholder)

(Enter full 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. **Submit the form is received by the deadline of noon on March 26, 2024.**

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

Date