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# KCCDFI Mutual Benefit Association Inc.

## PROXY VOTES FORM

We, members of (Center) \_\_\_\_\_, under \_\_\_\_\_  
(Branch) hereby acknowledge that we are members in good standing of **KCCDFI Mutual Benefit Association, Inc.** and that \_\_\_\_\_ has the authority to vote for us at the **12<sup>th</sup> Annual General Membership Meeting** on October 15, 2021.

Please find our signatures attached in approval.

No.	Name	Signature	Date Signed
1.			
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Signature over Printed Name of FDO  
As witness :

(Back portion of this form can be used, if space provided is not enough.)

### Tally Sheet of Center

TOTAL NO. OF VOTES: \_\_\_\_\_

Actual No. of Voting Members: \_\_\_\_\_

% of VOTES  
(No. of votes/Actual No. of Voting Members)  
\_\_\_\_\_ %

Attested by:

\_\_\_\_\_  
Branch Manager

(NOTE: This proxy vote form must be returned to KCCDFI MBA Head Office upon completion.)