APPENDIX 1 FORM OF APPOINTMENT OF PROXY

(full name of member)		
of		
(address)		
being a Member of Victoria Police Legacy Scheme Incorporated	nereby appo	oint:
(full name of appointed proxy)	••••••	
of		
(address)		
being a Member of Victoria Police Legacy Scheme Incorporated,	as my proxy	to vote on my
behalf at the general meeting of the Association (Annual Genera		
Meeting, as the case may be) to be held on the:	J	•
Suites 4A & 4B, 303 Burwood Highway, Burwod Hi		ate) of the
Resolution	For	Against
1. That the minutes of the Annual General Meeting held on		
19 th of October 2021 be confirmed.		
2. That the audited financial statements and auditor's		
reports for the period 2021 – 2022 be approved.		
(Signature of the Member appointing pro	xy)	
Date		
NOTE: A proxy vote may not be given to a person who is not a Mer	nber of the Ass	sociation.

State of Victoria Statutory Declaration

Constitution - Victoria Police Legacy Scheme Incorporated.

I,[full name]
of
[address],
[occupation]do solemnly and sincerely declare that: -
I am the person making this declaration as identified on this Form of Appointment of Proxy and sincerely declare that the votes shown on this Form of Appointment of Proxy have been completed by me.
I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.
Declared at
thisday of
Signature of person making this declaration [to be signed in front of an authorised witness]
[to be signed in front of an additionsed withess]
Before me,

The authorised witness must print or stamp his or her name, address and title under section 107A of the Evidence (Miscellaneous Provisions) Act 1958 (as of 1 January 2010), (previously Evidence Act 1958), (eg. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)