



Authorization to Vote Form

1. The company/organization named below is a registered holder of the common share(s) required to be a member of iNova Credit Union.

Company/Organization Name

Company/Organization Account Number

2. Please enter the name, email address and phone number of the individual who will serve as your designate and representative.

Designate Name

Designate Email Address

Designate Phone Number

3. We authorize the individual above, named as our designate, to exercise the right to vote attached to our shares for the purpose of the amalgamation vote being held September 22 to October 2, 2026. This authorization shall remain in effect for subsequent member votes, unless revoked and/or replaced with a new Designate.

Name of Authorizing Officer of
Company/Organization

Signature of Authorizing Officer of
Company/Organization

Name of Authorizing Officer of
Company/Organization

Signature of Authorizing Officer of
Company/Organization

Name of Authorizing Officer of
Company/Organization

Signature of Authorizing Officer of
Company/Organization

**A minimum of two signors are required*