

Poultry Insurance Exchange Reciprocal of Canada (PIE)

PROXY FORM

I HEREBY AUTHORIZE

(Print name of proxy holder)

to be my **proxy holder**,

or

(Print name of alternate proxy holder)

to be my **alternate proxy holder**,

to represent me at the Eighteenth Annual Meeting, or at any adjourned meeting, and to act in my stead, and I authorize this person to do all things that I could or might do if personally present. I also authorize this person to do every act whatsoever necessary or proper to be done in or upon all matters that may lawfully come before said Annual Meeting or any adjournment thereof. Further, I hereby revoke any proxy or proxies previously given by me to any person or persons.

Date: _____

Name of Subscriber (Please Print)

Signature of Subscriber/Officer

This completed form shall be **filed prior to the annual meeting by e-mail to renee@piex.ca** or with:

Chair, Nominating Committee
Poultry Insurance Exchange Reciprocal of Canada
102 7th Avenue
Arnprior, Ontario K7S 3S7
Email: renee@piex.ca