

UTAA Proxy Form

I, the undersigned Member of the University of Toronto Alumni Association (UTAA), hereby appoint:

	President, UTAA (or designate)
Check one box only. *	OR

(full name of Proxy)

as my Proxy to attend and vote on my behalf at the Annual Meeting of members of the UTAA, to be held on Saturday, June 1st at 10:30 am, or at any adjournment thereof.

Signed:	Dated:MM/DD/YY
	ated, the proxy form must be completed including all mandatory fields in the indicated by the * asterisk. Incomplete proxies will not be considered.
*Your first name	*Your last name
Your full name at gra	duation (if different from above):
First	Last
Your address:*Stree	t (include apt. or suite)
*City _	*Postal code
*Your daytime phone	·
*Your email address	
*Your college or facu	Ity (1 st U of T degree)
*Your grad year (1 st l	J of T degree)
	g someone other than the UTAA President/Designate as your proxy, you must on below as indicated by the * asterisk for your proxy to be considered valid.
*Full name of proxy h	older: First Last
*Proxy holder's email	address
*Is the proxy holder a	U of T alum? Check one box only: Yes No
alumni status. The pers	s will determine the validity of the proxy based on the verification of the proxy grantor's on appointed as your proxy holder need not be a member of the UTAA. The executed I by the UTAA Secretariat by Thursday, May 30, 2024 at 5:00 p.m. EDT (at least 48

hours preceding the meeting or any adjournment thereof, excluding Saturdays, Sundays and legal holidays).