

UTAA Proxy Form

For information or assistance, contact utaa.secretariat@utoronto.ca

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

ASSOCIATION ASSOCIATION		President, UTAA (or designate)
ASSOCI	Check one	—OR—
	box only. *	
		(full name of Proxy)
		alf at the virtual Annual General Meeting of members of the 2023 at 5:00 pm, or at any adjournment thereof.
Signed:		Dated D/M/YY
		must be completed including all mandatory fields in the erisk. Incomplete proxies will not be considered.
*Your first name		*Your last name
Your full name at graduat	ion (if different fro	om above):
First		Last
Your address: *Street (inc	clude apt or suite))
*City		*Postal code
*Your daytime phone		
*Your email address		
*Your college or faculty (1	st U of T degree)	
*Your grad year (1st U of ⁻	Γ degree)	
		an the UTAA President/Designate as your proxy, you must by the * asterisk for your proxy to be considered valid.
*Full name of proxy holde	r: First	Last
*Proxy holder's email address		
*Is the proxy holder a U o	f T alum? Check	one box only: Yes No No
LL of T Alumni Relations will determine the validity of the proxy based on the verification of the proxy grantor's		

U of T Alumni Relations will determine the validity of the proxy based on the verification of the proxy grantor's alumni status. The person appointed as your proxy holder need not be a member of the UTAA. The executed proxy must be received by the UTAA Secretariat by **Monday May 29, 2023 at 5:00 pm** (at least 48 hours preceding the meeting or any adjournment thereof, excluding Saturdays, Sundays and legal holidays).