

l,	roxy forr		•••••	,	
mer	mbership number	being a member	of the TI	FG Medical Aid Scheme,	
app	oint:				
Mr/Ms			., membership number		
	niling him or her, the Chairper neral Meeting held Virtually, or	0.		and vote for me at the Annual adjournment thereof.	
1.	Agenda item 2: To approve the Minutes of the Annual General Meeting held on 20 June 2023.				
	My vote X	In favour		Against	
2.	Agenda item 4: To adopt the Annual Report of the Chairperson of the Board.				
	My vote X	In favour		Against	
3.	Agenda item 6: To adopt the AFS for the financial year that ended 31 December 2023.				
	My vote X	In favour		Against	
4.	Agenda item 7.1: To approve the appointment of the External Auditors for the 2024 financial year.				
	My vote X	In favour		Against	
Sign	ed on theday of May	/June 2024			

SIGNATURE OF MEMBER

The proxy form must be completed and returned to: The Fund Manager, tfgmasagm@discovery.co.za by 5 June 2024, 11:30 latest.

The form may be returned via the South African Postal services by sending it to:

For attention the Fund Manager, TFG Medical Aid Scheme, PO Box 652509, Benmore, 2010

The form must be returned within the required deadline to be considered a valid submission.

