



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

PROXY FORM

(DUE ON OR BEFORE 31 MARCH 2023 TO BE SUBMITTED TO THE OFFICE OF THE CORPORATE SECRETARY, 3RD FLOOR PSMBFI BUILDING, 318-320 corner 1st & 2nd West Crame Sts., Santolan Road, San Juan City OR to the respective PSMBFI Regional Offices)

Know All Men By These Presents:

The undersigned member/s of **PUBLIC SAFETY MUTUAL BENEFIT FUND, INC. (PSMBFI)**, hereby constitutes and appoints _____ as my PROXY: (1) To attend, on behalf of the undersigned, the **2023 PSMBFI GENERAL MEMBERSHIP MEETING and ELECTION on April 15, 2023 at 9:00** in the morning, through remote communication via Zoom Virtual Conference/Facebook Live hosted at the EDSA Shangri-La Hotel, 1 Garden Way, Ortigas Center, Mandaluyong City, and at any adjournment or postponement thereof; AND (2) To nominate and vote for the election of **SEVEN (7) Members of the Board of Trustees**, with all powers the undersigned would possess if personally present at such meeting with discretionary authority and discretion on the application of votes. This proxy revokes and supersedes any proxy or proxies the undersigned may have previously executed and shall be considered withdrawn when undersigned registers with the Committee on Election before 9:00 A.M. of April 15, 2023, attends, and votes during the Members' Meeting of the same date.

_____, 2023 (date of execution)

	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>QUALIFIER</u> <u>(i.e. JR, II, IV)</u>	<u>SIGNATURE</u>	<u>ACCOUNT NUMBER</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

**Pursuant to Data Privacy Act of 2012, any information secured by PSMBFI shall be exclusively used for the purpose of 2023 PSMBFI Annual GMME and other purposes relating to PSMBFI membership. I further authorize PSMBFI to process and use the said information for the purposes stated herein.*