



OFFICIAL PROXY DESIGNATION FORM

MEMBERSHIP MEETING

Wednesday October 18, 2023

Proxy Form Must Be Filled Out Completely and Signed To Be Valid

The undersigned Member Representative or Alternate Representative of the Colorado Firefighter Heart, Cancer, and Behavioral Health Benefits Trust does hereby

1) Constitute and appoint **Lieutenant Michael Frainier, Chair of the Colorado Firefighter Heart, Cancer, and Behavioral Health Benefits Trust**

OR

2) Appoint _____ with the full
(Name of Designated Proxy)

power of substitution, as the true and lawful representative and Proxy of the undersigned, to be counted as the member's Representative in attendance for purposes of a quorum, and to submit the member's vote in the name of the undersigned, at the Membership Meeting of the Colorado Firefighter Heart, Cancer, and Behavioral Health Benefits Trust to be held in person on Wednesday October 18, upon all such matters as may come before the meeting upon which proxy voting is allowed, and all adjournments thereof as follows.

Member Entity Name

Name of Member Representative or Alternate (Please Print)

Signature

Date

Phone Number and E-mail Address of Member Representative or Alternate

Proxy forms may be mailed to **PO Box 1539, Portland, OR 97207**. Emailed proxy forms should be sent as a PDF document to cfhtrust@mcgriff.com. Please send the proxy form so that it is received at least five (5) days prior to the Trust's Annual Membership Meeting or by October 12. If you submit an electronic proxy form, please retain the original signed proxy form in your department records for at least 90 days.