



## OFFICIAL PROXY DESIGNATION FORM

### MEMBERSHIP MEETING

Tuesday October 22, 2024

**Proxy Form Must Be Filled Out Completely and Signed to Be Valid**

**DUE OCTOBER 14, 2024**

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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 Tuesday October 22, upon all such matters as may come before the meeting upon which proxy voting is allowed, and all adjournments thereof as follows.

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**Member Entity Name**

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**Name of Member Representative or Alternate (Please Print)**

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**Signature**

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**Date**

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**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](mailto:cfhtrust@mcgriff.com). Please send the proxy form so that it is received at least ten (10) days prior to the Trust's Annual Membership Meeting or by October 14. If you submit an electronic proxy form, please retain the original signed proxy form in your department records for at least 90 days.