



**COLORADO FIREFIGHTER**  
HEART AND CANCER BENEFITS TRUST

**OFFICIAL PROXY DESIGNATION FORM**

**MEMBERSHIP MEETING**

**October 28, 2020 at 11:00 AM Mountain Time**

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

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

1) Constitute and appoint **Chief Don Lombardi, Chair of the Colorado Firefighters Heart and Cancer 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 and Cancer Benefits Trust to be held virtually on October 28, 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 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 proxies forms should be sent as a PDF document to [chammond@mcgriff.com](mailto:chammond@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, on October 28. If you submit an electronic proxy form, please retain the original signed proxy form in your department records for at least 90 days.