Proxy form

Sole Company Secretary

East Gosford & Districts Financial Services Limited A.B.N. 90 092 538 620

All correspondence to:
East Gosford & Districts Financial Services Limited
P.O. Box 4021
EAST GOSFORD NSW 2250
Enquiries 02 43234559
Facsimile 02 43231499

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of,		made a	Mark this box with an 'X' if you have made any changes to your address details (see reverse)			
••••••		<u> </u>				
Appointment of proxy I/We being a member/s of East Gosfinamed below or, if no person is named below, the Cha a discretion as to any business not re Meeting of the Company to be held at and at any adjournment of that meeting	irman of the Meeting as my/our pro- ferred to below) or, if no directions a t Gosford Regional Gallery, 36 We	xy to vote in accordance with d are given, as my/our proxy sees	irections se s fit, at the	et out belo Annual G	w (with eneral	
				me of the person you are person is someone other n of the Meeting.		
Voting directions to your proxy		Please mark with 'X' to	o indicate	e your di	rections	
Ordinary Business			Accept	Decline	Abstain*	
Item 4 (a) Receipt of financial report, Director's report and Auditor's report.						
Item 5 (a) Election of Director Mark	Cotter.					
Item 5 (b) Election of Director Steve	e McIntosh.					
Item 5 (c) Re-election of Director D	on Glover.					
Item 6 (a) Reimbursement of Directors for any expenses incurred by them relating to company business of East Gosford & Districts Financial Services Limited.						
*If you mark the Abstain box for a par poll and your vote will not be counted If a proxy does not attend the meeting meeting will be taken to have been ap PLEASE SIGN HERE	in working out the required majority g or does not elect to vote on a reso opointed as the proxy of the relevan	on a poll. Ilution and a poll is duly deman t shareholder in respect of the	ded, then t meeting.	he Chairn		
This section MUST be signed in acco		ti to enable your directions to b	e implemei	ntea.		
Individual or Shareholder 1	Shareholder 2	Shareholder 2 Shareholder 3		eta, matata et es maistre e	Culatek kaluekaketikuti int	
Sole Director and	Director	Director/Co	mpany Sed	cretary	un der un und dirigaties, dinasyste	

Proxy form

How to complete this Proxy form

1. Your name and address

This is your name and address as it appears on the Company's share register. If this information is incorrect, please mark the box and make the correction on the form. Please note, you cannot change ownership of your shares using this form.

2. Appointment of a proxy

A member entitled to attend and vote at the Meeting may appoint one proxy. A proxy need not be a member of the Company. A proxy may be an individual or a Company.

3. Identity of proxy

If you wish to appoint the Chairman of the Meeting as your proxy, mark the box. If the person you wish to appoint as your proxy is someone other than the Chairman of the Meeting please write the name of that person. If you leave this section blank, the Chairman of the Meeting will act as your proxy.

4. Voting instructions

You may direct your proxy how to vote by placing a mark in one of the boxes opposite each item of business. If you do not mark any of the boxes on a given item, your proxy may vote as he or she chooses. If you mark more than one box on an item your vote on that item will be invalid.

5. Signing instructions

The Proxy form must be signed in the spaces provided.

Individual

If the holding is in one name, the holder must sign.

Joint holding

If the holding is in more than one name, any one holder may sign.

Power of Attorney

To sign under power of attorney, you must have already lodged this document with the Company or attach a certified copy of the power of attorney to this form when you return it.

Companies

If the Company has a Sole Director who is also the Sole Company Secretary, this form must be signed by that person. If the Company (under section 204A of the Corporations Act 2001) does not have a Company Secretary, a Sole Director can also sign alone. Otherwise this form must be signed by a Director jointly with either another Director of a Company Secretary. Please indicate the office held by signing in the appropriate place.

If a representative of the Company is to attend the meeting, the appropriate 'Certificate of Appointment of Corporate Representative' must be produced before admission to the meeting.

How to complete this Proxy form

This Proxy form (and any power of attorney under which it is signed) must be received by the Company not later than 2 business days before the meeting (ie by 6.00pm, Wednesday 18th November 2015). Any Proxy form received after that time will not be valid for the scheduled meeting.

Documents may be lodged in any of the following ways:

Post or hand delivery

To the Company's registered office at 101 Victoria Street, East Gosford, 2250 or P.O. Box 4021, East Gosford, 2250.

Facsimile

To fax number 02 43231499