

# Nomination Form

(All sections must be completed)

## To be completed by nominators

We hereby nominate \_\_\_\_\_  
(Voting Member)

of \_\_\_\_\_ for election as a Voting Member Director.  
(address)

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 2013

## Details of nominators

1.	Name:	Member number:
	Address:	
	Signature of Voting Member: In signing you confirm that you are a current Voting Member.	
2.	Name	Member number
	Address	
	Signature of Voting Member: In signing you confirm that you are a current Voting Member.	

## To be completed by nominee

### Consent of nominee

I consent to the above nomination.

Signature of Voting Member: In signing you confirm that you are a current Voting Member.	Member number
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### Background Checks

All Directors are required to undergo background checking to ensure they are fit and proper. To enable this process to commence, we require the following information:

Full Name:	Mobile number:
Email Address:	

Please select and provide contact details of your preferred method for acknowledgement that your nomination has been received:

☐ Email \_\_\_\_\_ ☐ Fax \_\_\_\_\_

Return this form and Nominee Platform Statement to Avant Mutual by 5.30 pm (AEST) on Monday, 23 September 2013.

Please address to Ms Suzanne Barron, Group Company Secretary:

**By mail:** 2013 AGM, Avant Mutual Group Limited, PO Box 746 Queen Victoria Building NSW 1230

**By fax:** 1800 228 268

**In person:** Level 28, HSBC Centre, 580 George Street Sydney NSW 2000