

## Ballot for Merger Proposal

Name of Member: \_\_\_\_\_

Account Number: \_\_\_\_\_

Your credit union must receive this ballot by:

**October 17, 2025, at 3:45PM**

Please mail using the pre-addressed return envelope provided:

*To be counted, your Ballot must be received by October 17, 2025, at 3:45PM. You may also cast your vote in-person at the meeting. **Branches cannot accept ballots or mail ballots for members.***

I have read the Notice of Special Meeting for the Members of United Texas Credit Union. The meeting will be held on the above date to consider and act upon the merger proposal described in the notice.

I vote on the proposal as follows (check one box):

☐ **Approve** the proposed merger and authorize the Board of Directors to take all necessary action to accomplish the merger and conversion.

☐ **Do not approve** the proposed merger.

\_\_\_\_\_  
*Member Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Member Name (printed)*

\_\_\_\_\_