

Ballot for Merger Proposal

Name of Member: _____

Account Number: _____

Your credit union must receive this ballot by **Saturday, August 21, 2021 at 10:30 am**

Please mail or bring it to: **using the enclosed business reply envelope or vote online at <https://stfrancis.cuballot.com>**.

I have read the Notice of Special Meeting for the members of **Saint Francis Medical Center Federal 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.

Do not approve the proposed merger.

Member Signature

Date

Member Name (printed)