

Actuaries Institute

Level 34, 264 George Street Sydney NSW 2000 Australia T +61 (0) 2 9239 6100

E governance@actuaries.asn.au

W www.actuaries.asn.au

Nominee Form Actuaries Institute Council Election 2025

Nominations must be received at the Actuaries Institute by 5.00pm on Friday 26 September 2025. Further information regarding the election is available at www.actuaries.asn.au/CouncilElection.

| Nominating Fellows | | |
|--|------------|------|
| We the undersigned, being Voting Members of the Actuaries Institute*, nominate (print/type nominee's name – | | |
| use CAPITALS): | | |
| for election to the Council of the Institute. | | |
| Fellow 1 | | |
| Name (Use CAPITALS) | Signature | Date |
| Name (833 e) ii iii iie) | Orginatare | |
| | | |
| Fellow 2 | | |
| Name (Use CAPITALS) | Signature | Date |
| | | |
| | | |
| Fellow 3 | | |
| Name (Use CAPITALS) | Signature | Date |
| | | |
| | | |
| A separate form may be signed by each nominating Voting Member. Nominees are responsible for ensuring that all such forms are submitted to the Institute together. | | |
| Please include a statement (from one Voting Member) about the nominee's expertise and diverse experience and | | |
| reference how this will add value to the Council (750 words max). | | |
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| Nominee's acknowledgment and agreement to conditions of election | | |
| 1. If elected, I: | | |
| a. agree to serve as a member of Council under the terms of the Constitution and inaccordance with Council policies in place from time to time**; and | | |
| acknowledge that election to Council necessitates assuming the duties and responsibilities of a company director pursuant to the Corporations Act 2001 (Cth) and that, as such, I will be required to sign a form consenting to act as a director. | | |
| 2. I have separately supplied a Nominee Details Form and signed Probity Declaration. | | |
| Signature | | Date |
| | | |
| | | |

^{*} Please note that members of the Nominations Council Committee are unable to nominate Fellows for election to Council.

^{**} Copies of current Council policies are available on request by emailing governance@actuaries.asn.au