

**Ontario REALTORS Care® Foundation**

\* Enter Board Name ("Member Board") - PROXY FORM  
**FOR USE AT THE 2026 ANNUAL GENERAL MEETING OF THE MEMBERS ON MARCH 12, 2026**

**Appointment of Nominees - Number of Votes Allotted: 1**

To: Ontario REALTORS Care® Foundation  
 15 Kern Road  
 Toronto, ON, M3B 1S9

INSTRUCTIONS FOR USE:

*This proxy must be signed by the Secretary of the Member Board or such other director of the Member Board as is authorized by its board of directors.*

*The total number of votes allocated in this proxy form must be less than or equal to the number of votes the Member Board is entitled to and not exceed the total number of votes allowed for the Member Board as set out in the Member Board – Voting Entitlement Report. If this proxy form allocated more votes than the Member Board is entitled to, the votes will be allocated to the individuals in the order they are set out until all of the Member Board's votes have been allocated.*

*Please adhere to the following deadline:*

- **March 9, 2026, midnight** - Deadline for deposit of proxies. Only revocations of an individual nominee, changing the allocation of votes in and amongst the nominees and replacing nominees will be accepted after this date and time. You will NOT be able to add to the number of votes you have allocated after this day or to add an additional nominee. Please be careful to allocate the correct number of votes by this deadline.
- **March 12, 2026 at 8:30 a.m.** - Deadline to revoke any appointment of a nominee; change the number of votes any nominee is entitled to exercise; or appoint a replacement nominee.

**DEPOSIT OF PROXIES**

THE UNDERSIGNED MEMBER BOARD:  
 Hereby appoints the following individuals as the nominee(s) of the Member Board:

First Name	Last Name	Number of Votes	Clicker Option	Nominee's Contact Information for Candidates
1	<input type="text"/>	<input type="text"/>	<input type="radio"/> One <input type="radio"/> Individual <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Total Votes Submitted:		0		
Total Votes Allotted:		1		

**Clicker Option**

The number of votes allocated to each voting nominee will be assigned accordingly to one clicker should you select "ONE" below. Meaning, each voting nominee will have their total vote allocation assigned to one clicker. Should you wish a voting nominee's voting entitlement to be allocated to separate and individual clickers (one per vote), please indicate so below by clicking "INDIVIDUAL".

**Nominee's Contact Information for Candidates**

Please indicate whether the nominee has consented to the collection and disclosure of their contact information by ORCF to all candidates who have agreed to use this information solely for campaigning purposes for election to the ORCF Board of Directors by clicking the appropriate "YES" or "NO" below.

to attend, act and vote at the Annual General Meeting of the Members of the Ontario REALTORS Care® Foundation to be held on the 12th day of March 2026, and at any adjournments thereof, with the same authority as and in the same manner to the same extent and with the same power as if the Member Board was present at the said meeting or such adjournment(s) thereof, including discretionary authority in respect of amendments to matters identified in the notice of meeting or other matters that may properly come before the meeting.

This proxy has not been solicited by or on behalf of management.

**REVOCAION OF PROXIES**

THE UNDERSIGNED MEMBER BOARD hereby revokes all proxies previously given.

**SIGNATURES**

*This proxy must be signed by the Secretary of the Member Board or such other director of the Member Board as is authorized by its board of directors.*

DATE OF SIGNATURE:

Name of Member Board: \*

SIGNATURE: \*

Print Name of person signing on behalf of Board: \*

Title: \*

This proxy is signed electronically by the Secretary of the Member Board: \*  Yes  No

**ENTER NAME AND ADDRESS OF MEMBER BOARD\***

Board Name:

Street Address 1: \*

Street Address 2:

City: \*

Province: \*

Postal Code: \*

**PLEASE NOTE THAT ONCE THIS FORM IS SUBMITTED YOU WILL NOT BE PERMITTED TO MAKE ANY FURTHER AMENDMENTS TO THIS MEMBER BOARD – PROXY FORM**

Submit