

Ontario REALTORS Care® Foundation
2026 ANNUAL GENERAL MEETING

MEMBER BOARD FORM FOR REVOCATION OF A NOMINEE,
REPLACING PREVIOUSLY APPOINTED NOMINEES OR
RE-ALLOCATION OF VOTES

To: Shannon Ketelaars, Executive Director & Secretary
Ontario REALTORS Care® Foundation
15 Kern Road
Toronto, ON M3B 1S9
Email: ShannonK@orcf.ca

This form is to be used only after March 9, 2026 - it may be emailed to the Secretary, Shannon Ketelaars at ShannonK@orcf.ca prior to the commencement of the 2026 AGM, but the original must be delivered to the Foundation (Shannon Ketelaars, Secretary) by 8:30 a.m. on Thursday, March 12, 2026.

IMPORTANT NOTES

This form is to be used only after a Member Board has electronically appointed its nominees using the 2026 Ontario REALTORS Care® Foundation Member Board – Proxy Form (“Proxy Form”) via the OREA real estate board portal. It is used to CHANGE the nominee appointments or to reallocate votes amongst the Member Board’s already appointed nominees. It should NOT be used for any other purpose.

This form 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.

This form cannot increase the total number of votes allocated previously to the Member Board’s nominees. It can however reduce the number of votes which can be cast at the 2026 AGM if (1) an individual’s nomination is revoked and the vote(s) assigned to such individual are not re-allocated to another of the Member Board’s nominees or (2) in re-allocating votes, the Member Board does not match the number of votes it allocated to its nominees to the number of votes it removed from other nominees. If this 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 below until all of the Member Board’s votes have been allocated.

Please adhere to the following deadline:

- *Thursday, 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.*

DATED the _____ day of _____, 20_____.

Name of Member Board:

Print Name of person signing on behalf of Board:

Title: _____

Signature: _____

This form is signed by the Secretary of the Member Board: Yes _____ No _____

If not signed by the Secretary of the Member Board, then please certify as follows:

I, _____, hereby certify that I am a Director of the Member Board and I am authorized by the Board of Directors of this Member Board to sign this form on behalf of the Member Board:

Signature: _____

PLEASE PRINT NAME AND ADDRESS OF MEMBER BOARD:
