BNA PROXY VOTING FORM

I/WE		
Name(s):		Signature(s):
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	-	
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	- -	
	-	
	-	
Member(s) of BNA, in good sta	anding, authorise	_
To act as my/our proxy and vot	te as they see fit, subj	ject to the following:
At the following Special/Gener	ral meeting (include o	late/time of meeting):
Date:		
Proxy signature:		
The completed proxy form mus 24 hours prior to the scheduled	•	BNA Administrator AT LEAST

NO proxy voting forms will be valid after this deadline.