

NOMINATION FORM

We, the undersigned, nominate _	,
of	, Nova Scotia, as a Director of the
Board of Acadian Credit Union Lin	nited.
Dated this day of	, 2022, at
	, Nova Scotia.
Signed:(two supp	porting Acadian Credit Union Members)
	1
	2.
I,	
Date	Signature

NOTE: A signed copy of the position description for Acadian CU directors and a scan sheet must be included with the nomination form.