

NOMINATION FORM

| We, the undersigned, nominate | , |
|--|--------------------------------------|
| of | , Nova Scotia, as a Director of the |
| Board of Acadian Credit Union Lim | |
| Dated this day of | ,, at |
| | _, Nova Scotia. |
| Signed:(two suppo | orting Acadian Credit Union Members) |
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| I, | , hereby agree to let my name stand |
| for the Board of Directors of <i>Acadia</i> eligibility in accordance with the cre | |
| | |

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.