PROXY FORM
For State Chapter
Annual General Meeting 2013

Name of State chapter ______________________________________________
(please print)

To: State Chapter Chair or State Chapter Secretary
Australian Collaborative Education Network Limited

I, ............................................................................................................ (NAME)

Of....................................................................................................... (ADDRESS)

being a Member of Australian Collaborative Education Network Limited appoint:

I, ............................................................................................................ (NAME)

Of....................................................................................................... (ADDRESS)

or, in his/her absence:

I, ............................................................................................................ (NAME)

Of....................................................................................................... (ADDRESS)

or, if I have not nominated a proxy or if the nominee is absent from the meeting, the chairperson
of the meeting as my proxy to vote on my behalf at the general meeting of Australian
Collaborative Education Network Limited to be held on:

the ____ day of __________, 2____ and at any adjournment of that meeting.
(see http://acen.edu.au/state-chapter-elections-2013/ for dates of the chapter annual general
meetings)

Note
A Member who is entitled to vote at the meeting may appoint a proxy.
A proxy need not be a Member of the Company.

Directing your Proxy
To instruct your proxy how to vote, insert 'X' in the appropriate column against each item of
business set out below. If you do not instruct your proxy how to vote on a resolution, your proxy
may vote as he/she thinks fit or abstain from voting.

I instruct my proxy to vote as follows according to the Resolutions numbered in the Notice of
Meeting: (It is expected that the only motions be for the election of office bearers and Board
representatives.)

<table>
<thead>
<tr>
<th>Resolution No</th>
<th>For</th>
<th>Against</th>
<th>Abstain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<td></td>
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This proxy must be signed by the appointing Member or the Member's attorney.

Signed ____________________________________________ Date ____________

The proxy form and the power of attorney or other authority if any under which it is signed must
be received by the ACEN State Chapter Chair by the commencement of the meeting.