

**To:**

Cytonn Asset Managers Limited  
The Fund Manager  
Cytonn Umbrella Retirement Benefits Scheme  
CySuites WorkSpaces  
Off Church Road  
P.O. Box 20695-00200  
Nairobi, Kenya  
Email: clientservices@cytonn.com

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**Special GM MEMBERS NOMINEE REGISTRATION FORM**

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**I/We:** \_\_\_\_\_**A/C no.** \_\_\_\_\_

of [address] P.O. Box \_\_\_\_\_

**Being a unit holder of (Name of Fund)** \_\_\_\_\_ hereby and after having obtained my proxy's consent, appoint \_\_\_\_\_ (Full name) of mobile telephone number \_\_\_\_\_ and ID no \_\_\_\_\_ or failing him/her the duly appointed authorized representative of the meeting to be my/our proxy, to vote for me/us and on my/our behalf at the Special General Meeting of the aforementioned \_\_\_\_\_, to be held on 16<sup>th</sup> September 2025 and at any adjournment thereof.

As witness I/We lay my/our hands this \_\_\_\_\_ **day of** \_\_\_\_\_ **2025**

Signature (s): \_\_\_\_\_

**NOTES:**

1. This proxy form is to be delivered to the Fund Manager's office or delivered via email on clientservices@cytonn.com not later two (2) business days before the date of the Special General Meeting i. e, not later than 11<sup>th</sup> September 2025.
2. In the case of a corporation, the proxy must be signed under the hand of an authorized officer prior notified to the Fund Manager or Attorney duly authorized.