



ESTATE PLANNING COUNCIL OF POLK COUNTY

**ESTATE PLANNING COUNCIL OF POLK COUNTY
VOTING PROXY FORM**

Member Name: _____

I give _____ authorization to vote on my behalf on
Name of proxy

all issues put to a vote by the Estate Planning Council of Polk County
during the **May 14, 2024**, annual meeting.

Member's Signature: _____

Date: _____

*This form must be presented during the Estate Planning Council of
Polk County annual meeting at the time of voting.*