PROXY FORM FOR THE ANNUAL GENERAL MEETING OF THE AUSTRALIAN MEDICAL ASSOCIATION (ACT) LIMITED (ACN 008 665 718)

| I hereby appoint | or failing that person |
|-----------------------------------------------------|-------------------------------------------------------|
| | _ to act as proxy for me at the Annual General |
| Meeting on 31 May 2017 and any adjournment thereof. | |
| My proxy is hereby authorised to vote | in favour*/against*/as s/he thinks fit* in |
| respect of the resolutions. | |
| *strike out wh | nichever is inapplicable |
| | |
| Signed | date |
| Name (please print) | |

PROXIES MUST BE IN WRITING ON THE ABOVE OR SIMILAR FORM AND WILL BE ACCEPTED BY THE COMPANY SECRETARY OR CHAIRMAN PRIOR TO 1.00 PM ON THE DAY OF THE MEETING