

**SCHEDULE 3 – STATE OFFICER NOMINATION FORM**

**CANDIDATE INFORMATION**

|  |  |
|--|--|
| <b>FULL NAME</b>                       |  |
| <b>RESIDENTIAL ADDRESS</b>             |  |
| <b>TELEPHONE NUMBER</b>                |  |
| <b>BRANCH</b>                          |  |
| <b>MEMBERSHIP NUMBER</b>               |  |
| <b>STATE OFFICE<br/>NOMINATING FOR</b> |  |
| <b>TEAM NAME (if any)</b>              |  |

**NOMINATOR INFORMATION**

at least **two** Financial Industrial Members entitled to vote in an election for the State Office identified above.

We, the undersigned, nominate the person named above for the State Office named above.

| <b>FULL NAME</b> | <b>MEMBERSHIP NUMBER</b> | <b>SIGNATURE</b> |
|------------------|--------------------------|------------------|
|                  |                          |                  |
|                  |                          |                  |

**CANDIDATE'S CONSENT**

I, \_\_\_\_\_ (print your name)  
consent to the nomination for the above State Office.

**Signed:**

