



**BANKMED**

# AGM 2026

112<sup>th</sup> ANNUAL  
GENERAL MEETING

25 JUNE 2026

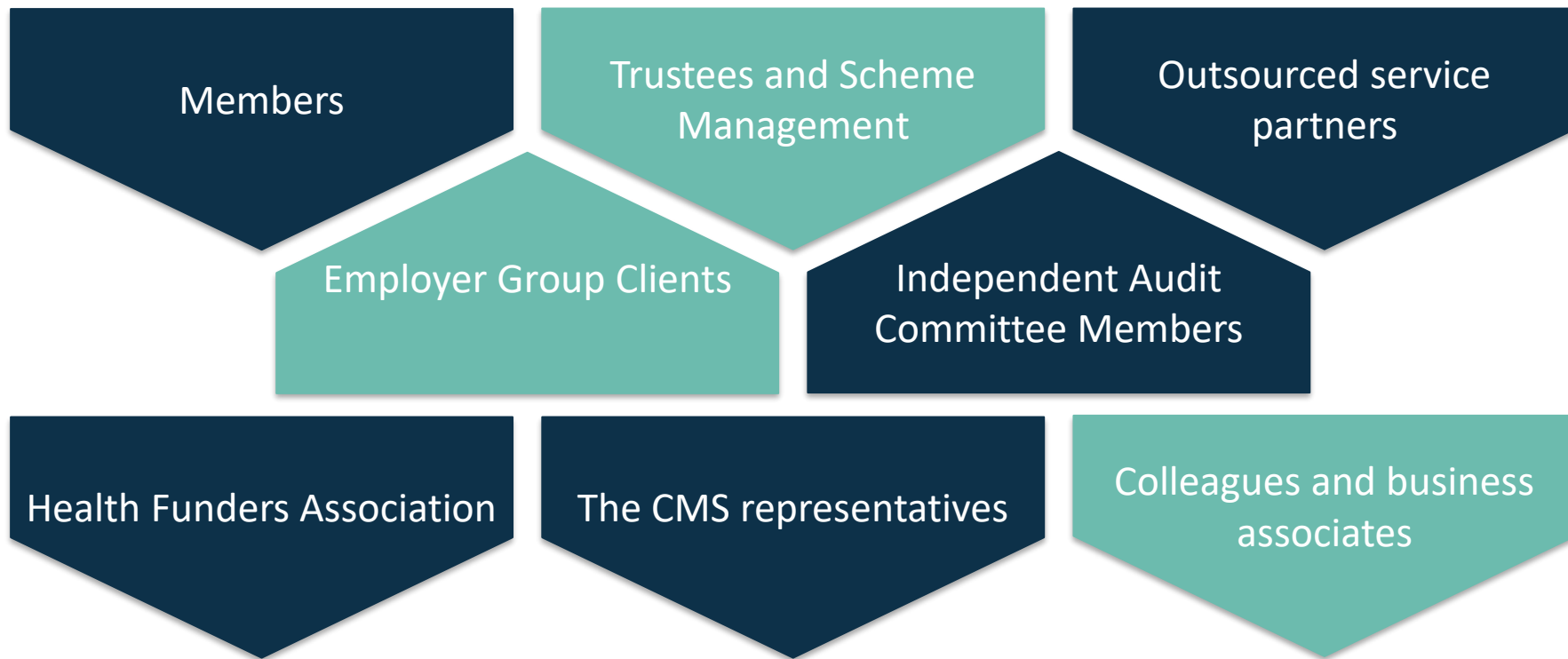
# Opening, Welcome and Attendance

✕ Chairperson to welcome all attendees





## Acknowledging our Valued Stakeholders & Partners



# Confirmation of Quorum

✘ 30 members of the Scheme  
✘ shall be a quorum





## Important Note

Personal Member Claim or Benefit Queries will not be attended to at the Annual General Meeting

Members are requested to use the following channels for queries:

- Bankmed Call Centre: 0800 BANKMED (0800 226 5633)
- Bankmed E-mail: [enquiries@bankmed.co.za](mailto:enquiries@bankmed.co.za)
- Bankmed Website: [www.bankmed.co.za](http://www.bankmed.co.za)
- Bankmed Mobile App: Bankmed Medical Scheme



## Agenda

- 01** To read the notice convening the meeting
- 02** To approve the minutes of the 111<sup>th</sup> Annual General Meeting held on 26 June 2025
- 03** Feedback on matters arising and general update
- 04** To receive and approve the audited Financial Statements and the Annual Report of the Board of Trustees for the year ended 31 December 2025
- 05** To note the Bankmed Trustee Fee Policy, and approve the proposed Trustee Fee increase for 2026/2027
- 06** To appoint the auditor for the ensuing year
- 07** To transact any other business of which notice was given by 30 April 2026
- 08** Announcement of the newly-elected members of the Board of Trustees
- 09** Closure



## Questions & Presentations

Please send your questions to the presenters by using the “Ask Questions” functionality on the right of the VAGM stream.

Questions raised, to the extent that they relate to the specific agenda items for the AGM, will be addressed at the AGM. All other general or personal questions that do not relate to the specific AGM agenda items, which should best be responded to in writing, will be addressed in writing, and the questions and responses thereto will be published within seven (7) days after the AGM.

Today’s presentation will be shared on the Bankmed Website after the session.



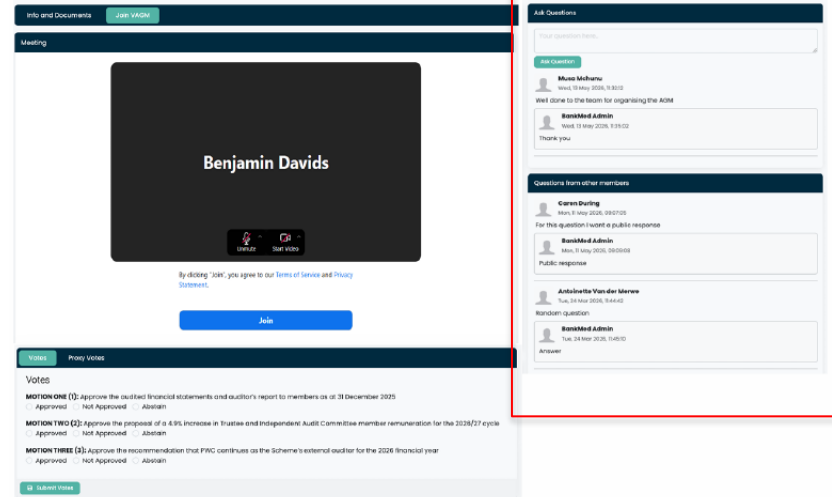
## House Rules

- Attendees will not be able to speak during the live event.
- Any questions or comments must be submitted via the Ask Questions function. All submissions will first be moderated before being published to the live event.
- Voting attendees are able to vote on motions through the VAGM portal. Voting is open from the commencement of the AGM. Please access the voting on motions below the VAGM stream on the meeting page where you can review the motions and cast your votes. Please note that once you submit your votes, you will not be able to amend these or vote again.



## Ask Questions Section

- To access the Ask Questions section, please log in and navigate to the Join VAGM page. The Ask Questions functionality is located to the right of the meeting stream.
- Type your question and click the send icon.
- Published questions (and answers) will appear in the same section and can be accessed by scrolling within the Ask Questions section.



1

# Notice of the Annual General Meeting





# 1 Notice of the Annual General Meeting

Rule 28.2.1 of the Registered Rules of Bankmed prescribes that the notice convening the Annual General Meeting shall be sent to members at least 14 days before the day of the meeting.

- Bankmed distributed the notice convening the Annual General Meeting on 03 June 2026
- Members with e-mail: on 03 June 2026
- Members without e-mail: SMS sent on 03 June 2026 with link to website and notice. Post distributed on 03 June 2026
- Documents made available online

Notice is hereby given that the 112<sup>th</sup> Annual General Meeting of Bankmed will be held virtually on Thursday, 25 June 2026 at 16:00.

2

To Approve the Minutes  
of the 111<sup>th</sup> Annual  
General Meeting held on  
26 June 2025





## **2 To Approve the Minutes of the 111<sup>th</sup> Annual General Meeting held on 25 June 2025**

The minutes of the 111<sup>th</sup> Bankmed Annual General Meeting held on 26 June 2025, were included in the booklet for review and approval.

*Page 4 to 17 of the electronic AGM booklet.*

# 3 Feedback on Matters Arising and General Update

✕

+

✕

+



## **3** Feedback on Matters Arising and General Update

### Matters Arising

- Feedback to be provided during the presentation

## 3.1 Matters Arising





# Matters Arising 2025 AGM

1

## VOTING OUTCOME AT AGM

The Chairperson confirmed that all three (3) proposals were approved by the members who attended the meeting and cast their votes. She noted that the results remain subject to audit and confirmation by BDO, after which the final verified outcomes will be published on the Scheme's website.

## SCHEME RESPONSE

The results were published on the Scheme's website approximately a week after the AGM in 2025.

**Complete**

## 3.2 General Update





# Experience spanning over 112 years

**1914:**  
Created by bankers for bankers



**2026:**  
With effect from 21 May 2026: Resignees -  
Continuation membership introduced for eligible  
resigning employees.

**2023:**  
Membership scope expanded into the financial services  
industry from September 2023

## Foundation:

Better value sets Bankmed apart

A wellness programme called Balance  
at no cost

Pursuing growth in partnerships in  
health and wellness.



# In Partnership with the Pillars of our Economy

34  
CLIENTS





# A Medical Scheme's Regulatory Requirement

**Non-Profit**



**Sustainability**



# Stable & Formidable, but NOT Immune



Beneficiaries:

**224 765**

Market Share

**2.5%** Covered Lives

**5.0%** Restricted

**8<sup>TH</sup>** Largest Medical Scheme

**4<sup>TH</sup>** Largest Restricted Scheme



Principal Members:

**109 450**

\*Information is subject to the last approved financials



Average age  
of Beneficiaries

Bankmed

2024	2025
32.87	<b>33.08</b>

Industry

2024 Restricted Schemes	2024 All Schemes
32.07	<b>34.47</b>

**32.87**



Pensioner Ratio

Bankmed

2024	2025
9.14%	<b>9.17%</b>

Industry

2024 Restricted Schemes	2024 All Schemes
7.38%	<b>9.97%</b>

**9.14%**



**Global Credit Rating:**

**“Very strong financial security characteristics”**

16<sup>th</sup> year in 2026


# Stable & Formidable, but NOT Immune

## Annual Gross Contribution Income



2024	2025
R6.78 Billion	R7.29 Billion

## "Net Surplus/(Deficit)"\*: cleared to Insurance Service Result



2024	2025
(R96.39 Million)*	R13.69 Million*

## Directly Attributable insurance service Expenditure (DAE) as a % of Insurance Revenue (IR)





Bankmed	2024	2025
	4.19%	4.11%

Industry	2024 Restricted Schemes	2024 All Schemes
	4.12%	6.89%

 4.19%

## Reserves



	BANKMED		Restricted Schemes Average	Industry
	2024	2025	2024	2024
Reserves	R3.25 Billion	R3.26 Billion	R63.9 Billion	R119.2 Billion
Reserve Ratio	43.23%	37.37%	50.52%	40.87%
Claims Ratio	102.41%	103.27%	 43.23%	96.18%
			 102.41%	101.26%



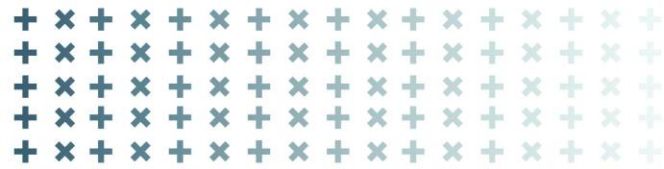
# Average contribution increases | 2012 – 2026

## BANKMED VS SEVEN OPEN SCHEMES

	Bankmed	Average Open Schemes
2012	7.1%	9.1%
2013	6.9%	9.2%
2014	6.9%	9.1%
2015	7.9%	9.5%
2016	7.8%	9.4%
2017	7.8%	11.0%
2018	8.1%	9.9%
2019	7.9%	10.0%
2020	7.3%	9.7%
2021	3.6%	5.5%
2022	3.2%	5.1%
2023	7.7%	7.7%
2024	8.5%	10.4%
2025	8.4%	10.6%
2026	7.4%	8.3%*

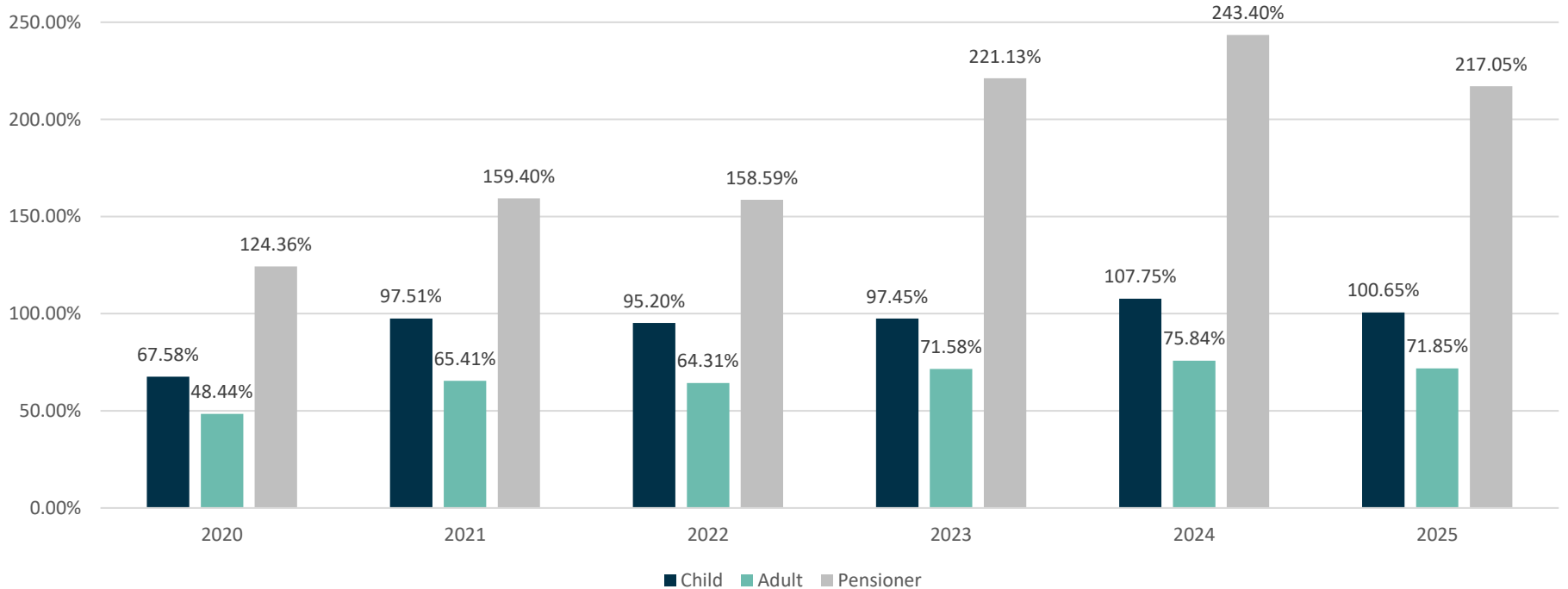
Open Schemes included: DHMS, Bonitas, Momentum, Bestmed, Medihelp, Medshield, Fedhealth

\*DHMS Contribution increase affective from 1 April 2026.



# Claims Ratio

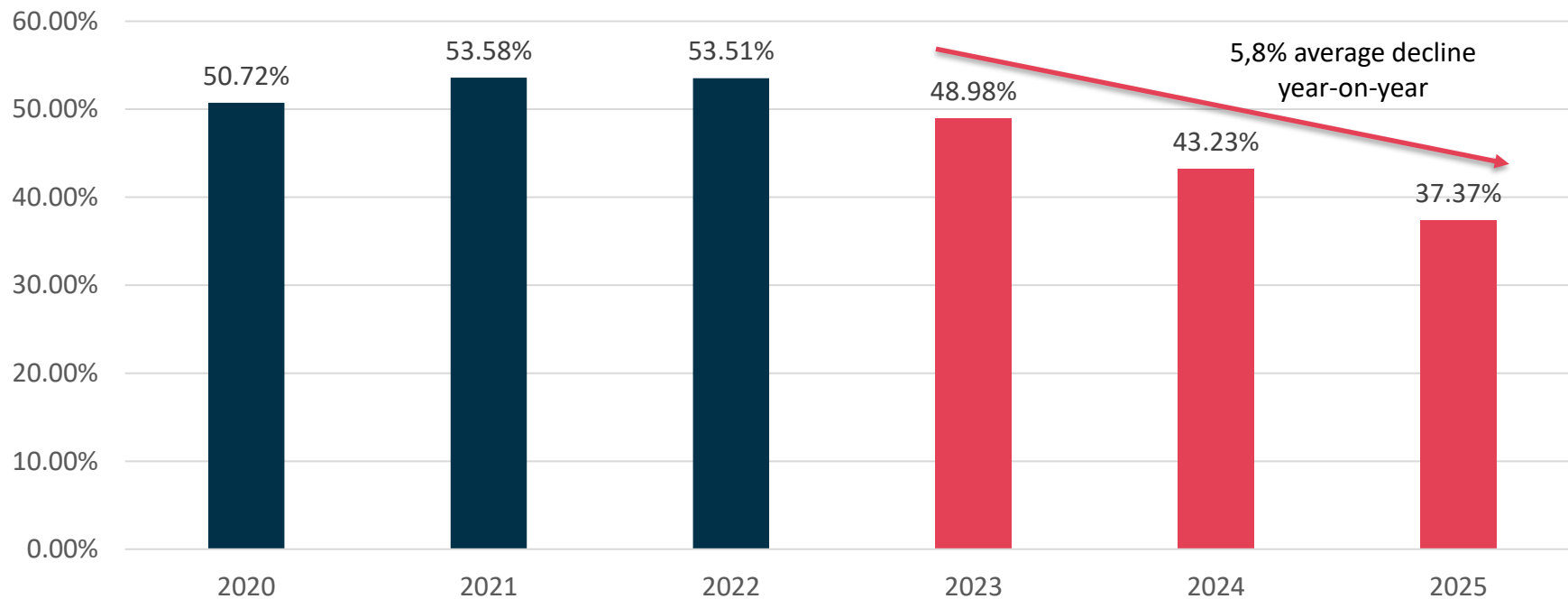
Bankmed Claims Ratios 2020-2025





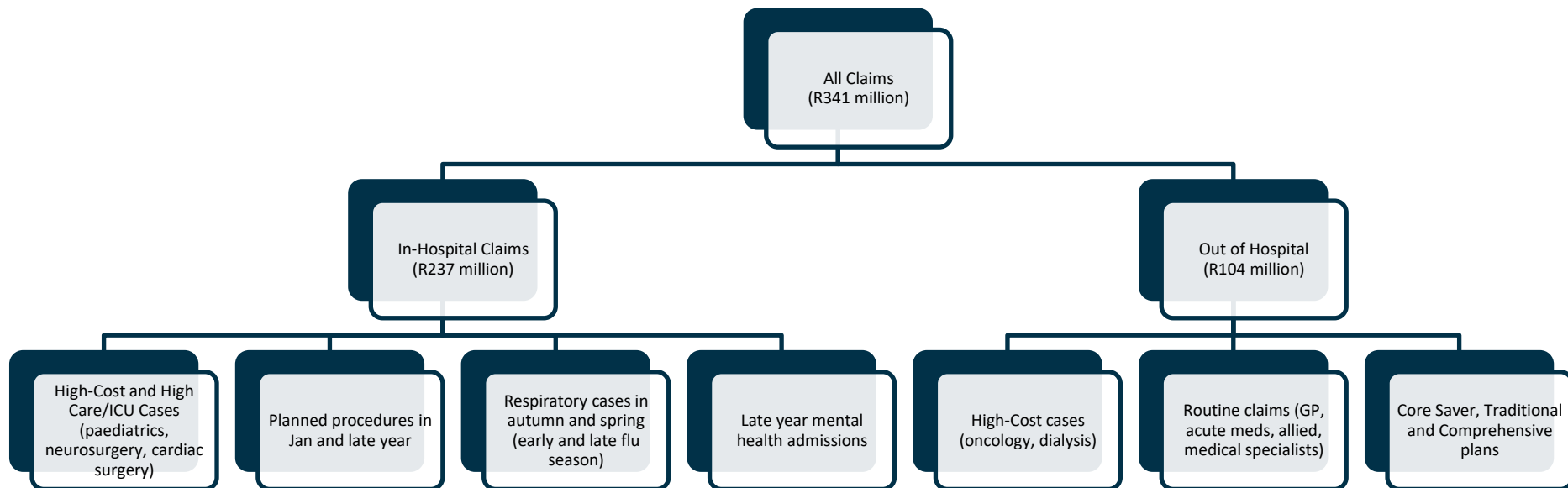
# Reserves Ratio

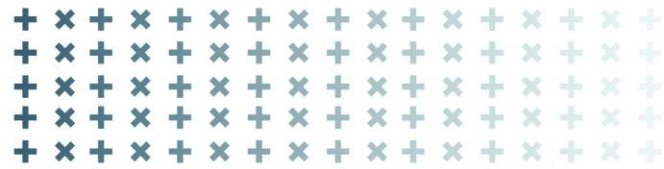
Bankmed Reserve Ratio 2020-2025



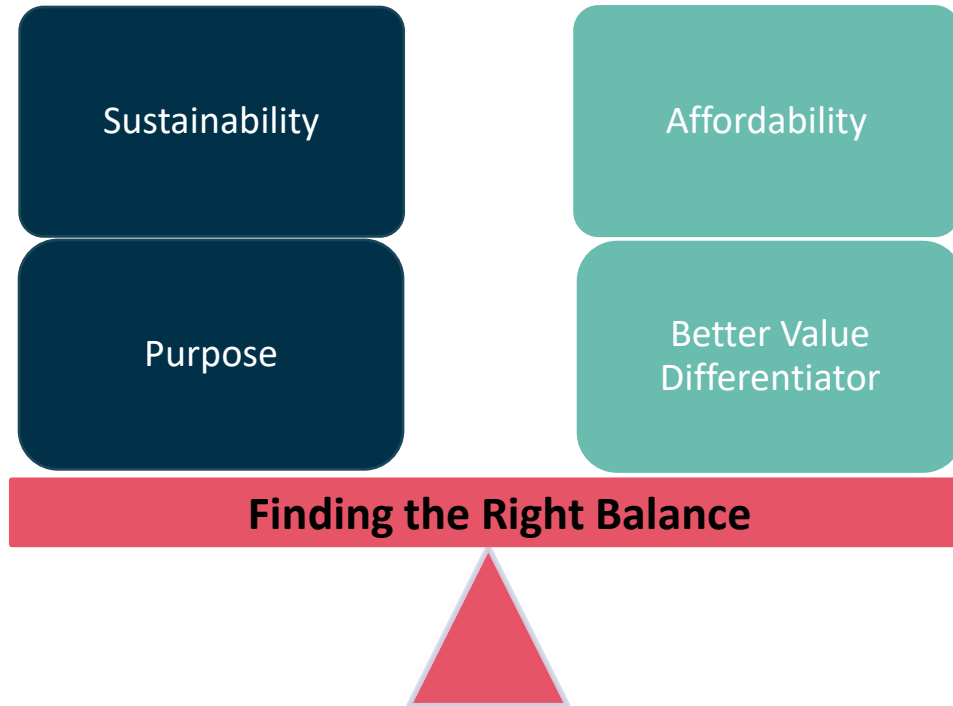


# Drivers of Claims Experience





# Our Commitment & Responsibility



# Member Partnership Model

## Prevent

- Use your Screening & Preventative Care Benefits
- Participate in Wellness Programmes like Balance
- Stay Active and Make Healthy Lifestyle Choices

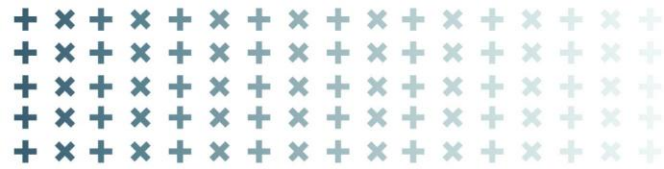
## Manage

- Enroll on Chronic Illness Benefit (CIB)
- Manage your Chronic Conditions by joining a Managed Care Programme
- Take Chronic Medication as Prescribed

## Choose Wisely

- Know & Understand your Benefits
- Use Designated Service Providers (DSPs) and Network Providers
- Choose the most appropriate level of care

*By making informed healthcare choices, avoiding co-payments, engaging in preventative care, managing chronic conditions effectively and, members can improve their health outcomes while helping to manage healthcare costs and protect the long-term sustainability of the Scheme.*



# Membership Administration 2025

## MEMBERS



TOTAL ACTIVE LIVES<sup>PM</sup>

**223.471k**



AVG NEW MEMBER APPLICATIONS PROCESSED<sup>PM</sup>

**1,512**



AVG TIME TO ACTIVATE  
NEW MEMBER<sup>PM</sup>

**17.09HRS**



AVG NEW MEMBER  
SATISFACTION SCORE<sup>PM</sup>

**9.17/10**



## EMPLOYERS



EMPLOYER GROUPS

**34**



TOTAL BILLED

**R7.2<sup>BIL</sup>**



CORPORATE SERVICES  
VISITS @ EMPLOYERS

**2 054**



AVG EMPLOYER  
SATISFACTION SCORE<sup>PM</sup>

**9.91/10**



# Membership Administration 2025

## MEMBERS SERVICING

### MANUAL INTERACTIONS



14%

### DIGITAL INTERACTIONS



86%

### AVG CALLS

38,602<sup>PM</sup>

### AVG EMAILS

10,585<sup>PM</sup>

### AVG WEBSITE INTERACTIONS

93,077<sup>PM</sup>



AVG MEMBER CALL  
SATISFACTION SCORE

9.52/10



AVG MEMBER EMAIL  
SATISFACTION SCORE

8.90/10

### AVG APP INTERACTIONS

213,244<sup>PM</sup>

## HOSPITAL AUTHORISATIONS & CLAIMS

### HOSPITAL AUTHORISATIONS

4,558<sup>PM</sup>

### CLAIMS PROCESSED PER MONTH

443<sup>K</sup>



CLAIMS RECEIVED  
ELECTRONICALLY

96.52%



AVG TIME PROCESSING  
PAPER CLAIM

0.17<sup>HRS</sup>



# Membership Administration 2025

## TOUCHPOINTS WITH OUR MEMBERS



## SERVICE TEAM

### Bankmed Service Team Skillsets and Service Delivery Areas

- Core Call Centre Agent
- Specialist Call Centre Agent
- Service Consultant (CHO)
- Service Consultant (Preauth)
- Service Specialist
- Service Specialist (Preauth)
- Service Specialist Customer Relationship Manager

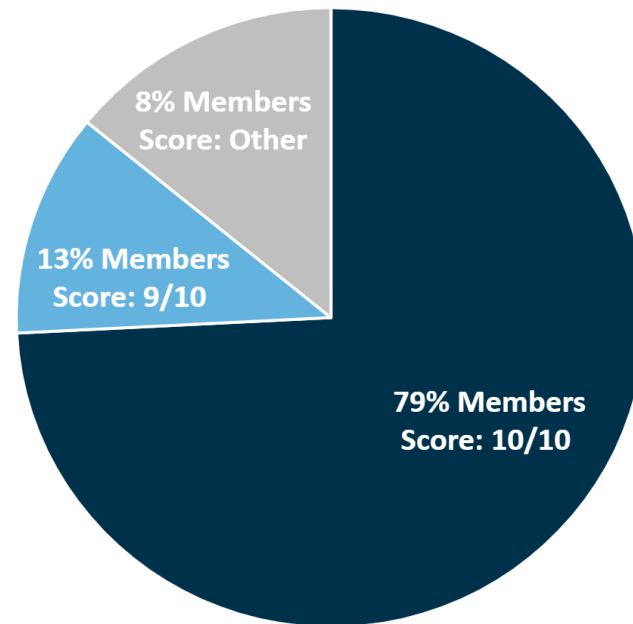
### SURVEYS

Survey Responses Received from Members in 2025

55 886

## MEMBER SENTIMENT

### Proportion of 'Perfect Scores' 9/10 and 10/10



## 3.3 Concluding Remarks



## Conclusion

- Experience spanning over 112 years;
- Member centric partnerships with pillars of the South African economy;
- Strategically responsive to how the banking industry has evolved:
  - Expansion of the membership scope into the broader financial services industry;
- Continuation members now include “resignees” – reinforcing member retention for sustainability;
- **Better value continues to set us apart, but finding the right balance to protect sustainability has taken center stage;**
- You have been reminded of the role that you can play;
- The collective stakeholder response to NHI has been impactful, and this is work in progress;
- Bankmed’s partnership with the Administrator continues to serve the Scheme very well.

4

To Receive and Approve the Audit  
Financial Statements and Annual  
Report of the BOT for the Year

✕ Ended

+ 31 December 2025

✕

+  
1



## To Receive and Approve the Audited Financial Statements and Annual Report of the BOT for the Year Ended 31 December 2025

**The Summarised Financial Statements were made available to members in the AGM booklet**

**The full set of audited Financial Statements was made available to members on the Bankmed website**

**Investment Presentation to follow**

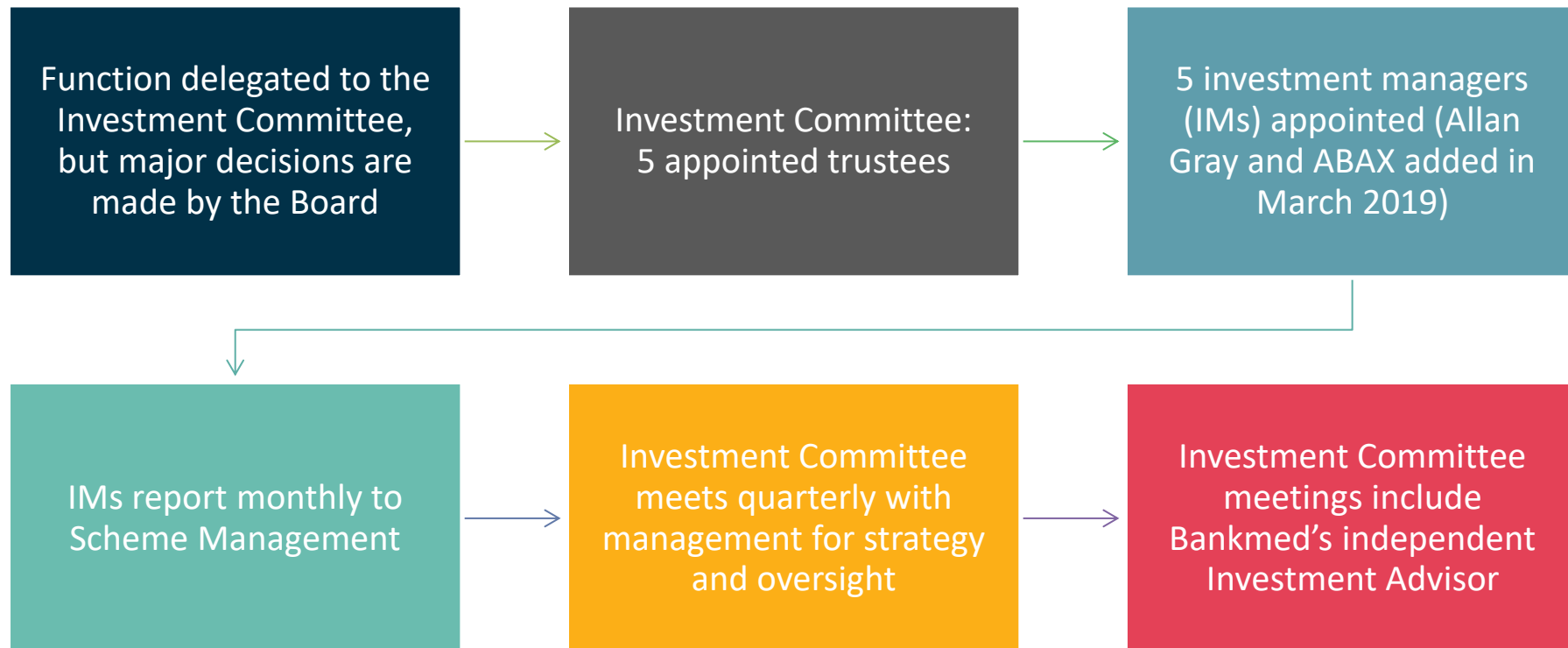
4.1

# Bankmed Investment Overview





## Investment Governance and Oversight





## Investment Committee

The purpose of Investment  
Committee meetings

- Review IM's investment performances
- Interrogate IM's investment choices, annually, or when necessary
- Review and debate various investment reports on a quarterly basis
- Address any other relevant issues related to Bankmed's investments



# Investment Portfolio

## Portfolio limitations: Regulation 30 of the Medical Schemes Act

- Offshore equities: Not permitted
- Max local equities: 40%
- Maximum exposure to any major bank: 35%
- Maximum exposure to other private / public entity: 10% / 20%
- Minimum cash and / or liquid instruments: 20%

## 4.2 Bankmed's Investments

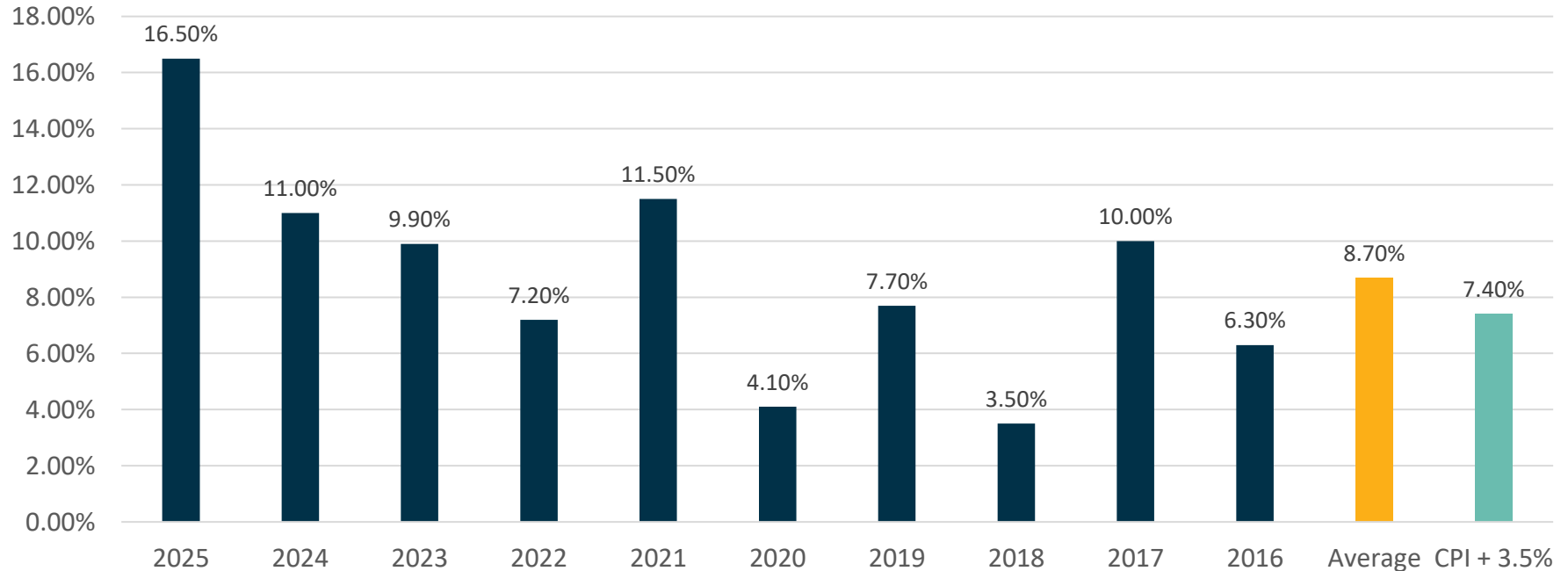
✕ Portfolio Structure and Performance





# Bankmed's Gross Returns – last 10 calendar years

Annual Bankmed Gross Returns

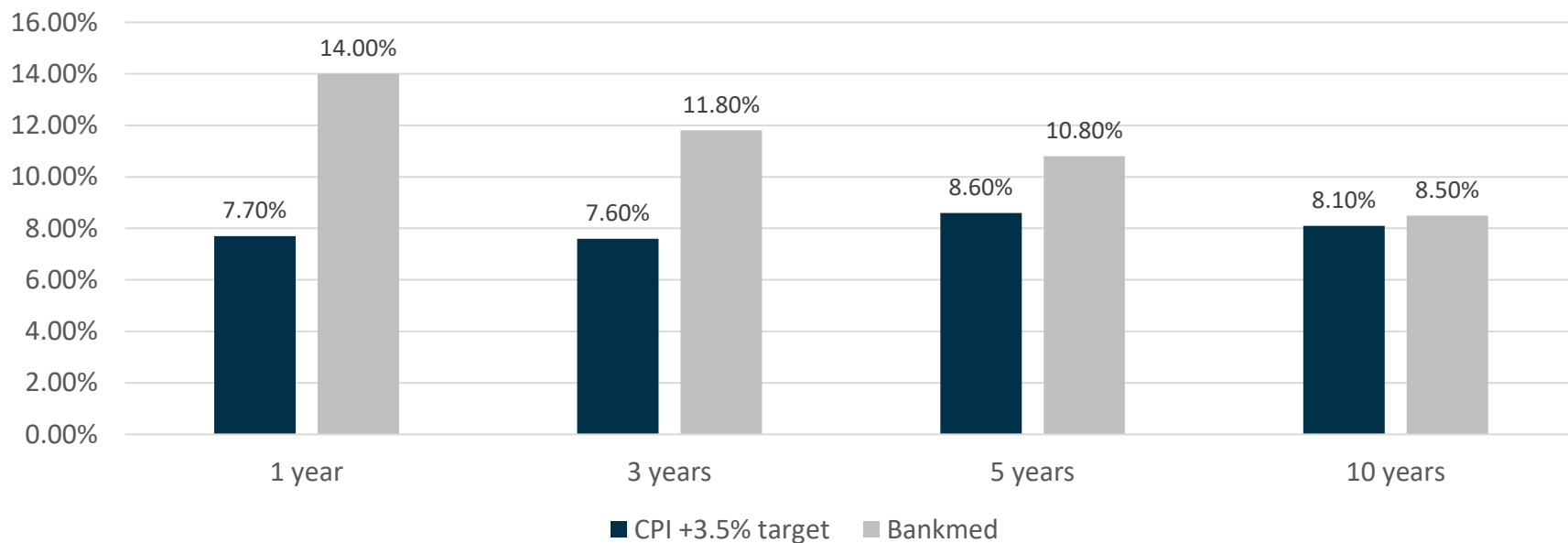




# Bankmed returns versus inflation target as at 30 April 2026

(gross of fees)

Comparative performance to 30 April 2026





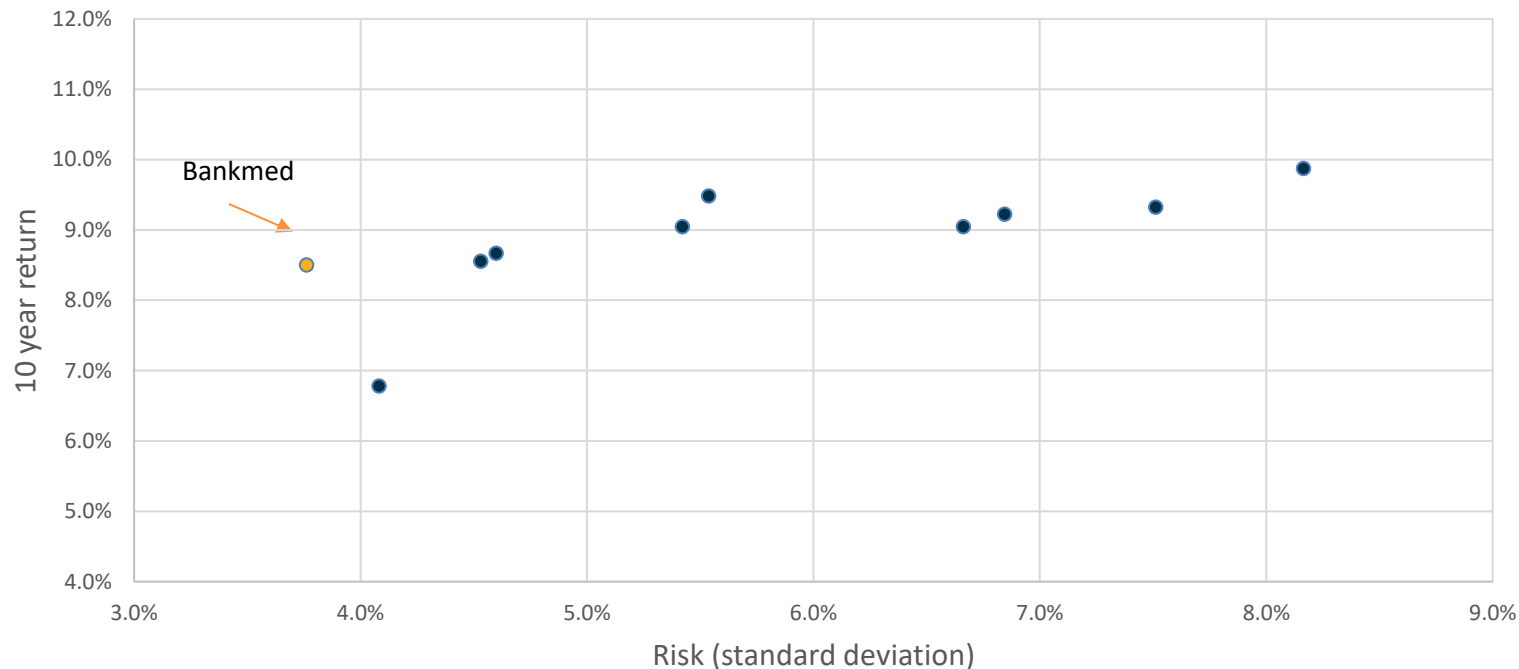
## Bankmed Investments: Peers

Balanced Managed	Assets R'm
Abax Absolute Medical Portfolio	1 105
Allan Gray Stable Medical Aid Scheme	3 679
Coronation Medical Aid (Absolute	1 387
Foord Medical Aid	158
Imperial Medical SA Balanced Portfolio	834
OMIG Medical Aid Portfolio	369
Positive Return Medical Aid	335
M&G Life Medical Aid Fund (Domestic only)	350
M&G Medical Aid Fund	2 713
SIM Absolute Return Medical Fund	1 257
<b>Bankmed Scheme</b>	<b>4 565</b>



# Bankmed Investments: Risk vs Return 10 Years to 30 April 2026

Scheme risk vs return - 10 yrs to 30 April 2026



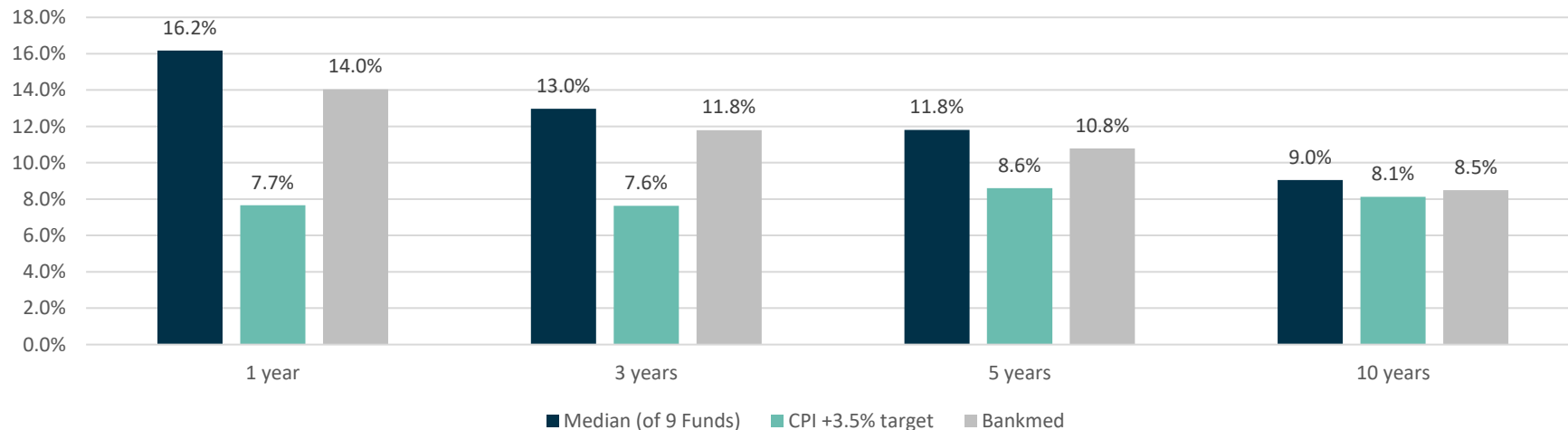


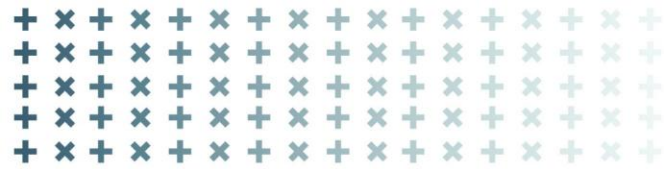
# Industry Comparison per WTW

(gross of fees)

Comparison of the median return generated by “off the shelf” medical scheme compliant multi-asset portfolios (as at 30 April 2026)

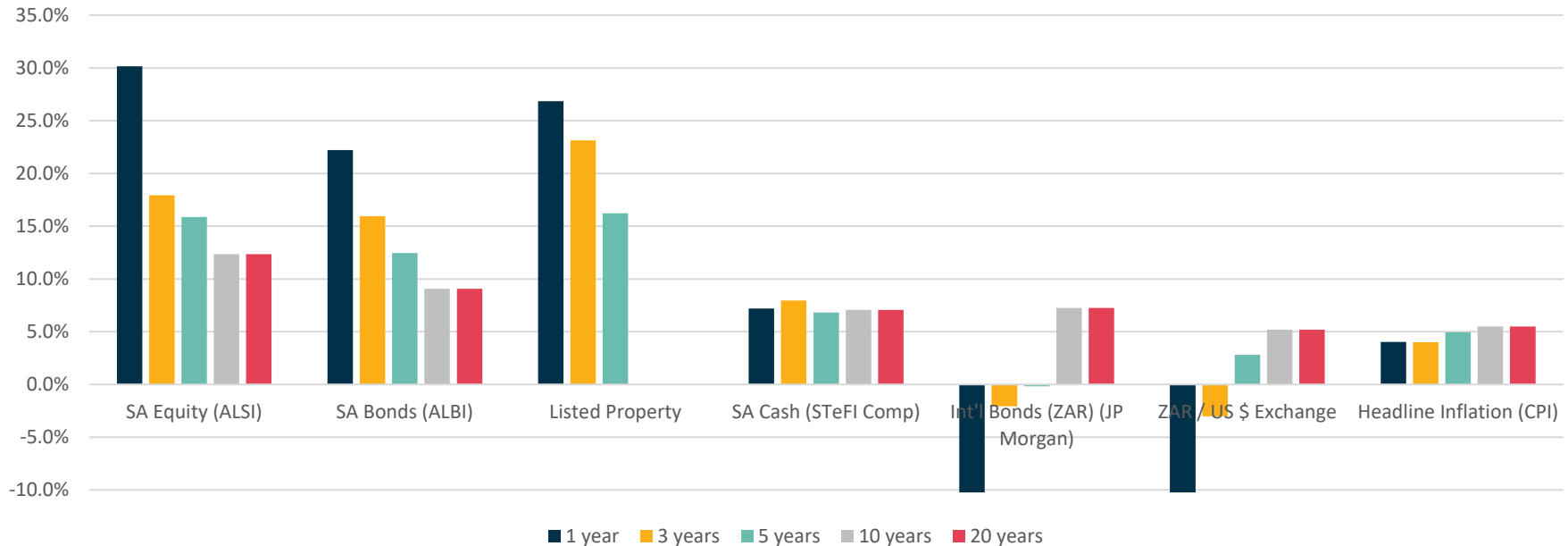
Comparative performance to 30 April 2026

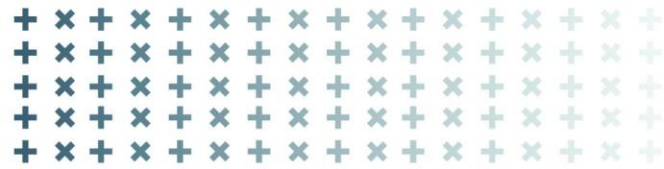




# Market Returns to 30 April 2026

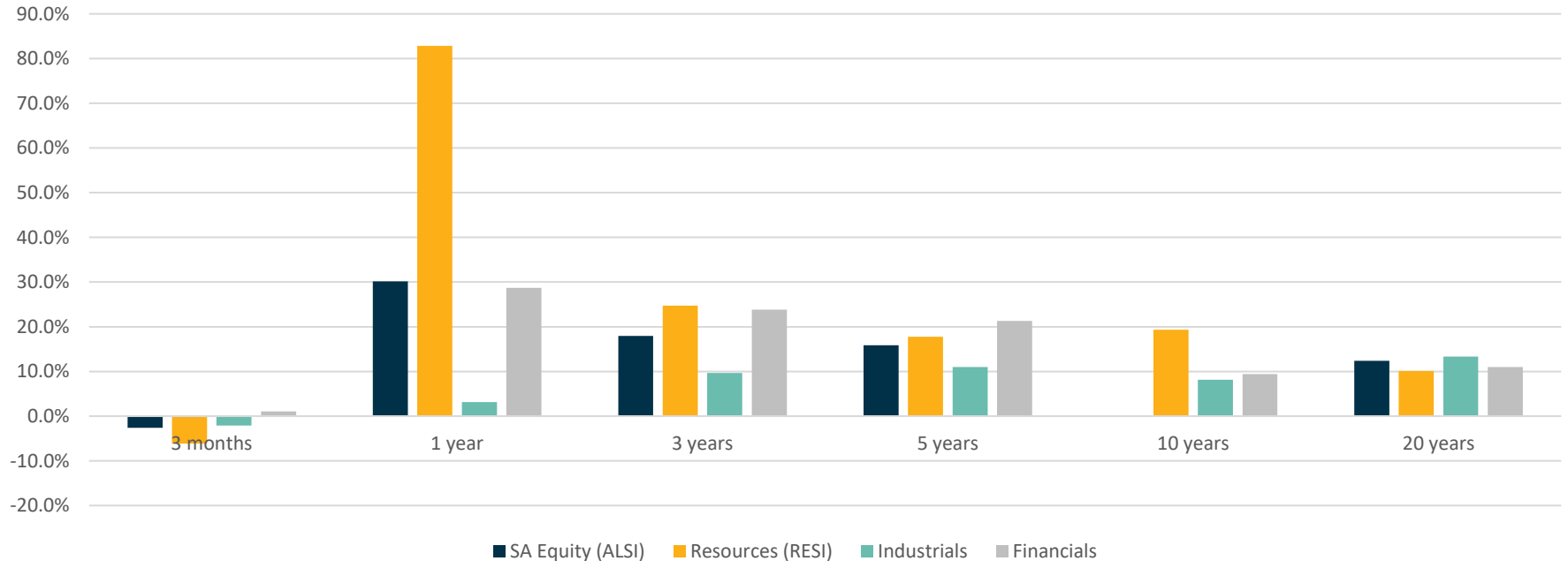
Market returns to 30 April 2026





# Equity Returns to 30 April 2026

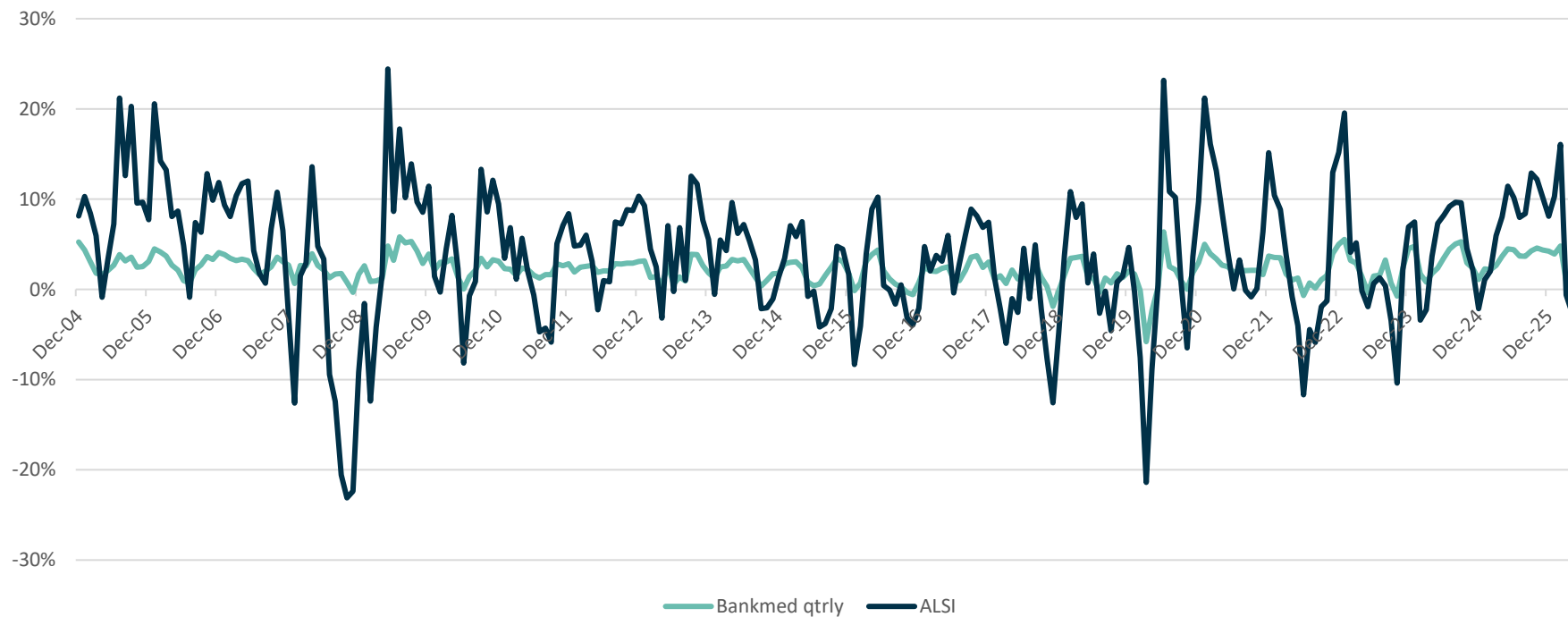
SA Equity markets to 30 April 2026





# Volatility of 3-Month Returns to 30 April 2026

Volatility of quarterly returns





## Long-term Expected Asset Class Returns (next 10 years)

### Asset Class

- Local Equities
- Local Bonds
- Local Inflation linked Bonds
- Local Property
- Local Cash
- Foreign Bonds (DM and EM)

### Return

- CPI +8.7% pa
- CPI +4.5% pa
- CPI +4.25% pa
- CPI +8.75% pa
- CPI +1.5% pa
- CPI +3.0% to 3.75% pa



# Allocations to managers versus stipulations of Statement of Investment Policy (SIP) as at 30 April 2026

Manager	Type	Approved Allocation per investment policy	Actual Allocation 30 April 2026	Actual Funds 30 April 2026 (Rm)	Target Benchmark per SIP	Weighted Return per SIP Allocation	Fees
Ninety One	Multi-Asset	12% - 18%	15.2%	692.2	CPI + 5% p.a.	CPI + 0.75%	% of assets+ Performance Fee
M&G	Multi-Asset	12% - 18%	16.7%	763.1	CPI + 4.5% p.a	CPI + 0.68%	% of assets
ABAX	Multi-Asset	12% - 18%	15.5%	708.4	CPI + 4% p.a.	CPI + 0.60%	% of assets
Allan Gray	Multi-Asset	12% - 18%	16.4%	748.6	CPI + 5% p.a.	CPI + 0.75%	% of assets+ Performance Fee
Taquanta	Money & Debt Markets	37% - 43%	36.2%	1 653.2	CPI + 2% p.a.	CPI + 0.80%	% of assets
		100%	<b>100%</b>	<b>4 565.5</b>		CPI + 3.6%	= Overall Benchmark

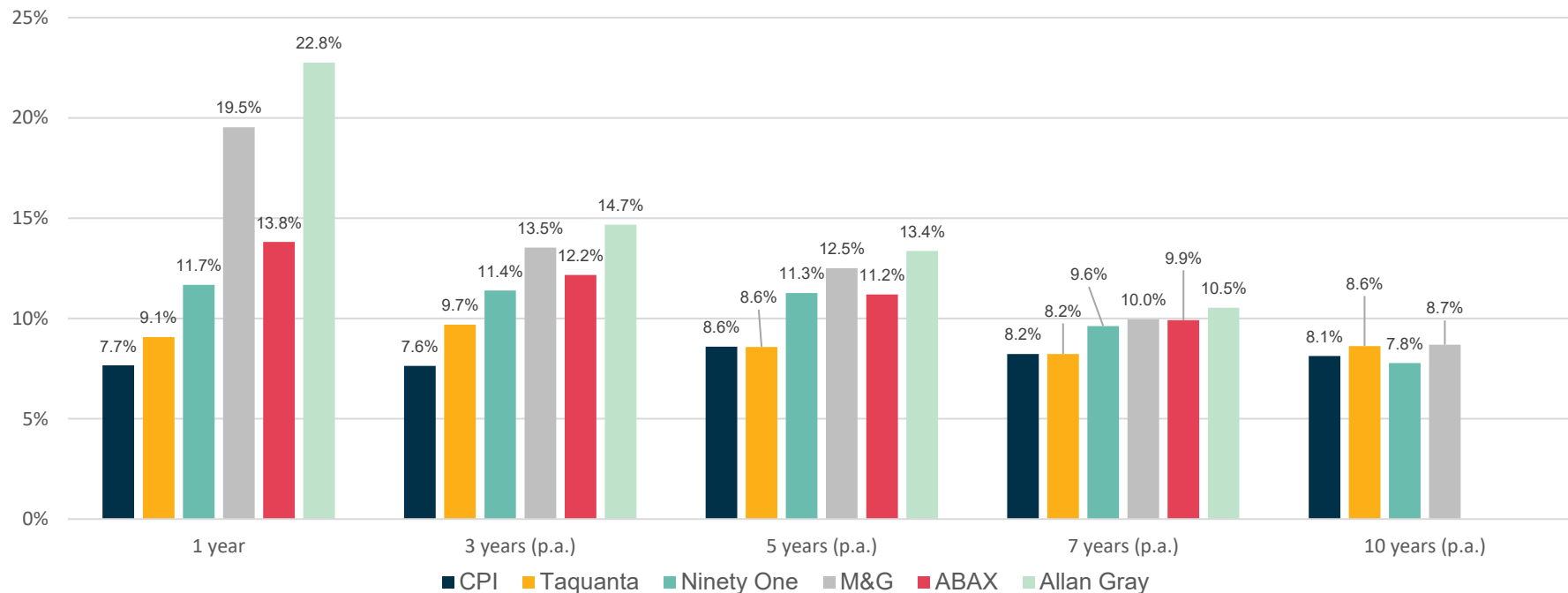
Overall Benchmark: CPI+3.5% annualised over a three-year rolling period





# Investment Performance of Individual IMs (gross of fees)

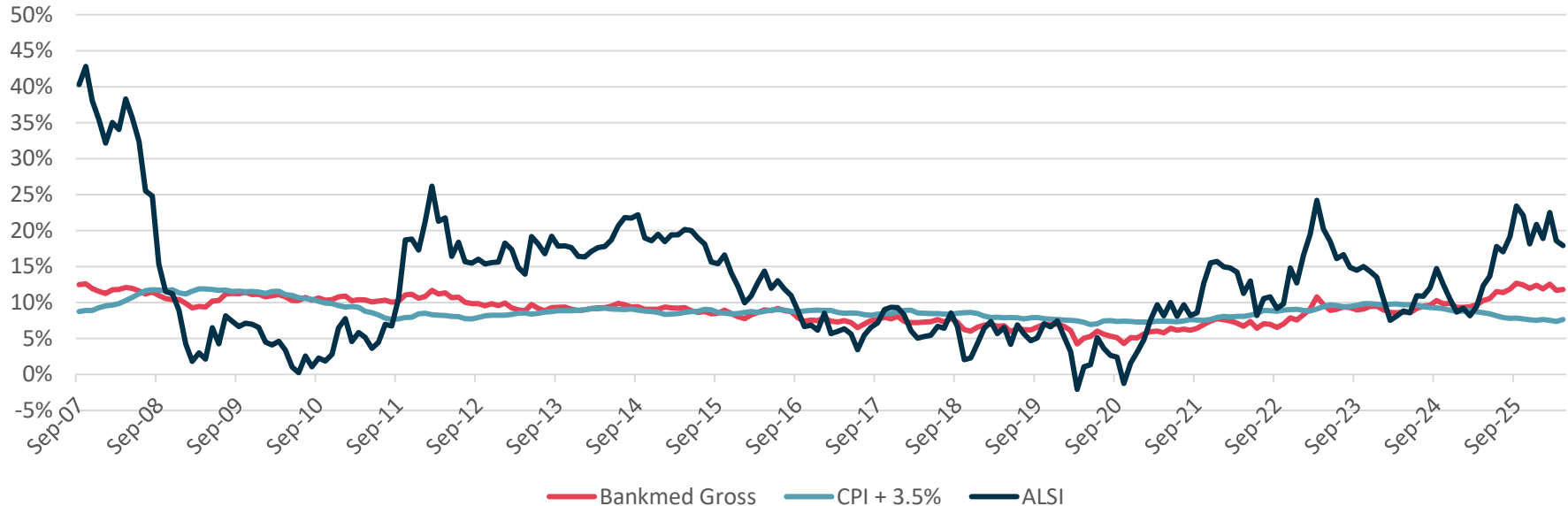
Gross Performance to 30 April 2026





# Bankmed's Overall Investment Performance (as at 30 April 2026)

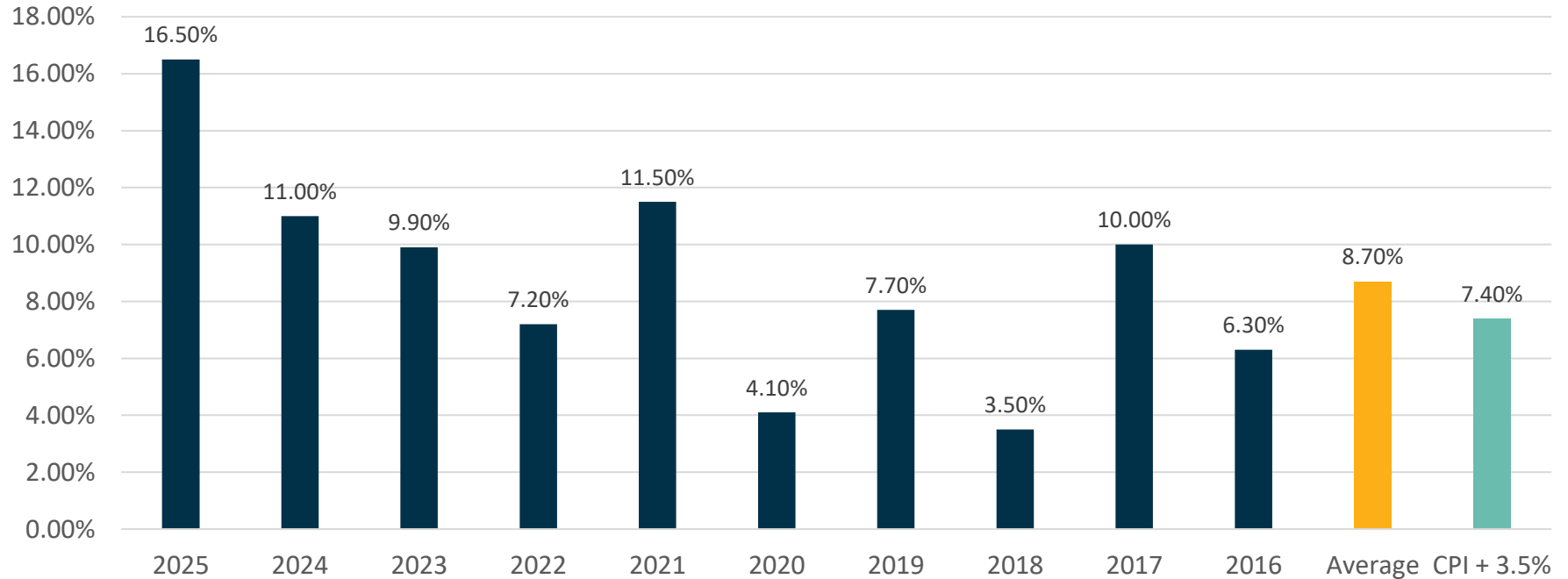
Bankmed rolling 3-year gross performance vs CPI and ALSI





# Bankmed's gross returns – last 10 calendar years

Annual Bankmed Gross Returns



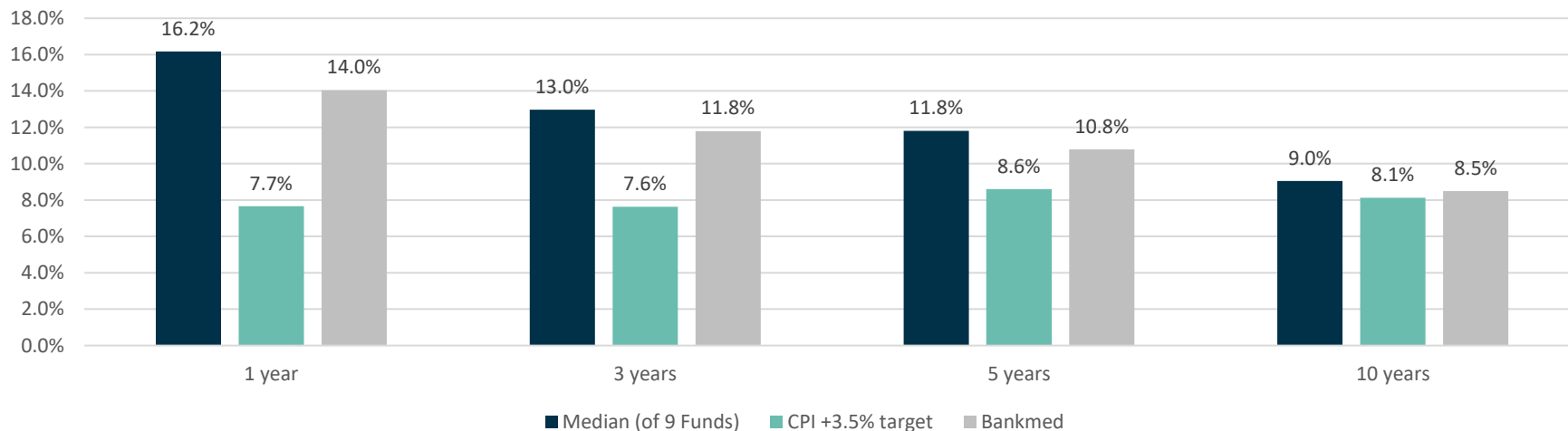


# Industry Comparison per WTW

(gross of fees)

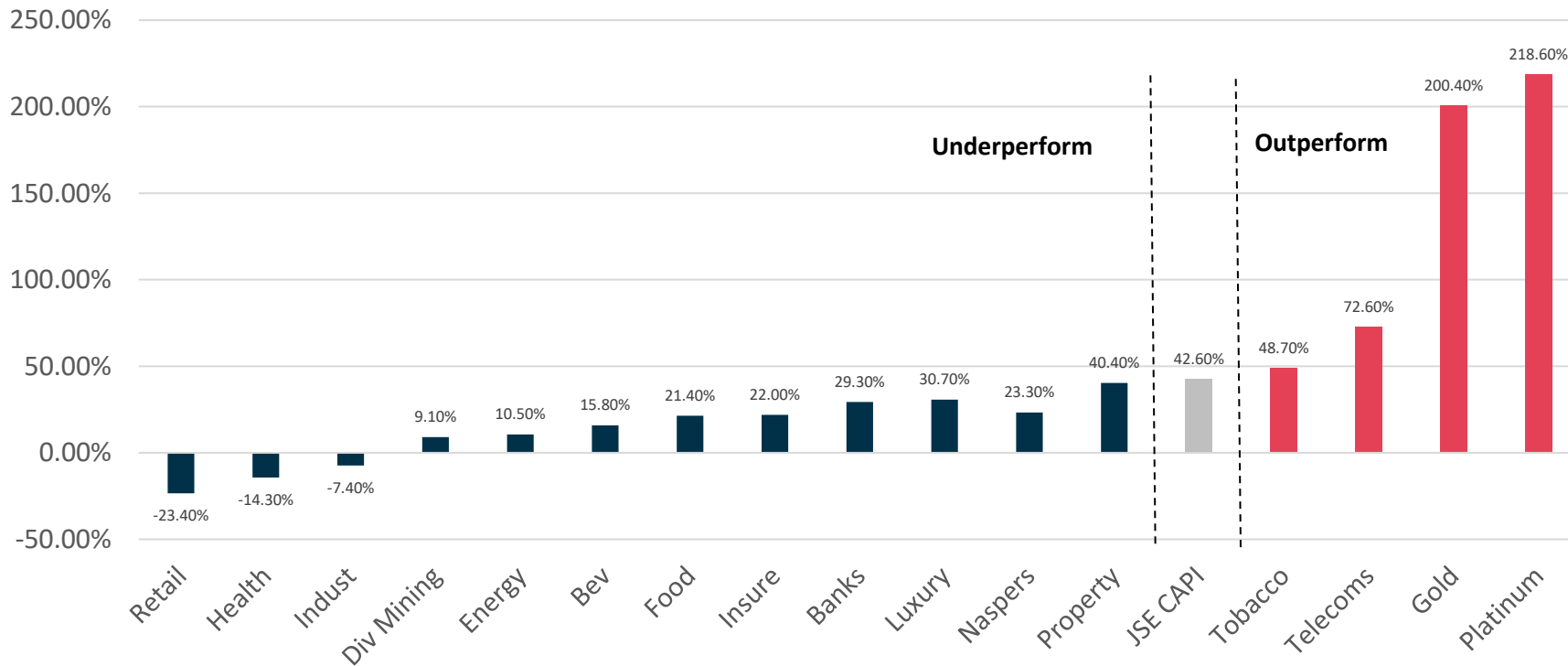
Comparison of the median return generated by “off the shelf” medical scheme compliant multi-asset portfolios (as at 30 April 2026)

Comparative performance to 30 April 2026





# Extremely narrow SA equity market

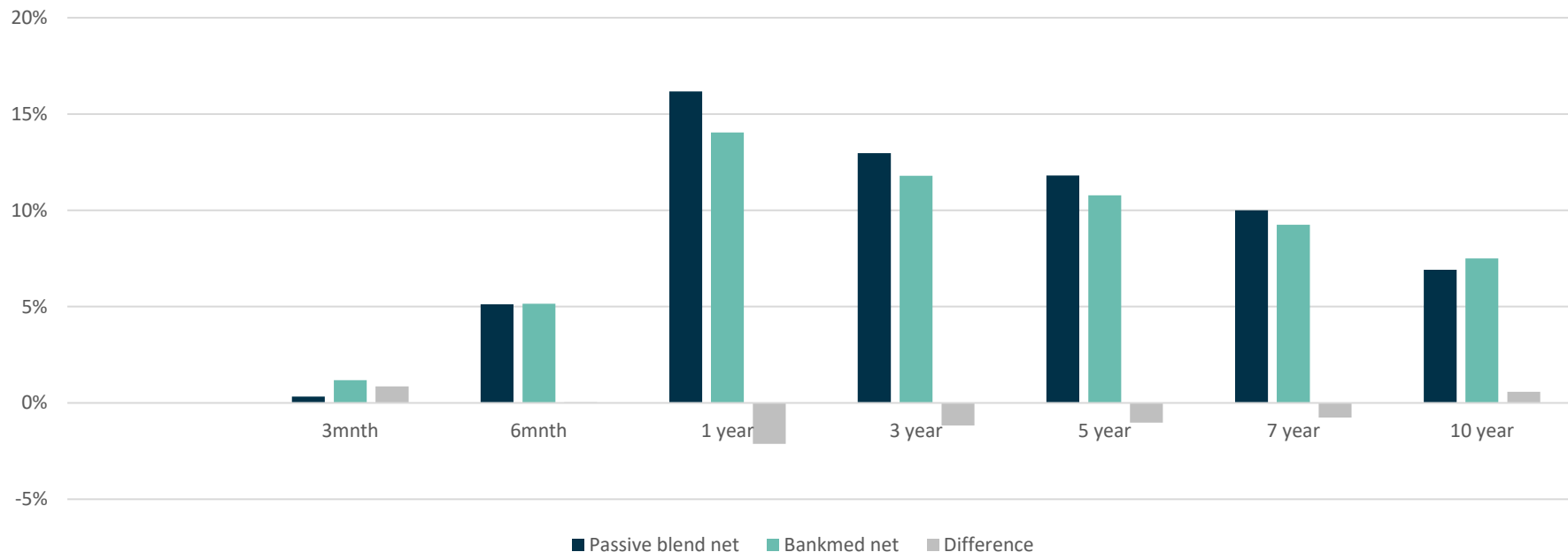




# Comparison vs passive approach (net of fees)

Comparison: Bankmed returns versus returns generated by passive indices (30 April 2026)

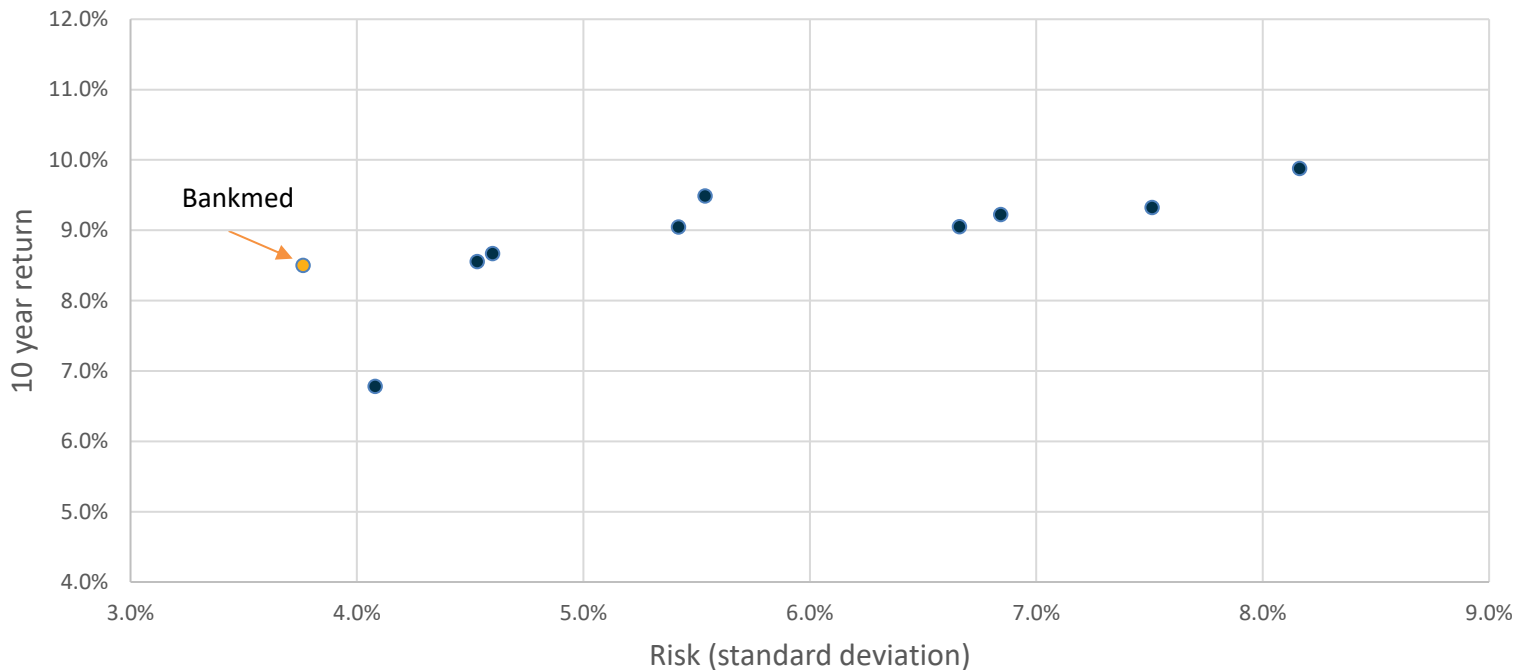
Bankmed net performance vs passive blend of indices - April 2026





# Bankmed Investments: Risk vs Return 10 Years to 30 April 2025

Scheme risk vs return - 10 yrs to 30 April 2026





## Conclusion

01

Market returns much stronger: Significant geo-political tensions, volatility at high levels

02

Bankmed Scheme returns remain least volatile amongst similar peers while returns are very close to the median return

03

Active manager strategy employed with low fees (below 0.5% p.a.)

04

Investment strategy reviewed regularly

05

Quarterly meetings of committee include analysis and interrogation of asset managers and their portfolios / strategies and a review of alternative managers

06

CPI + 3.5% target has been met or exceeded over 1,3, 5 and 10 years.

## 4.3 Thank You & AFS related Q&A





## To Receive and Approve the Audited Financial Statements and Annual Report of the BOT for the Year Ended 31 December 2025

**The Summarised Financial Statements were made available to members in the AGM booklet**

**The full set of audited Financial Statements was made available to members on the Bankmed website**

**Investment Presentation has been completed**



## **4 To Receive and Approve the Audited Financial Statements and Annual Report of the BOT for the Year Ended 31 December 2025**

The Audit Committee recommended to the Board that it could report to members at the Annual General Meeting (AGM) that no event or item had come to the attention of the Board of Trustees that indicated any material breakdown in the functioning of key internal controls and systems during the year under review. The Board unanimously accepted and approved the recommendation from the Audit Committee.

5 Note the Bankmed Trustee  
Fee Policy, and approve the  
proposed Trustee Fee  
increase for 2026/2027





## 5 Note the Bankmed Trustee Fee Policy, and approve the proposed Trustee Fee increase for 2026/2027

- The Trustee Fee Policy was included in the AGM meeting pack
- Trustee Fee Policy is for noting
- The total amount for Trustee remuneration has been disclosed in the Audited Summarised Annual Financial Statements in the AGM booklet
- Note 5 on Page 65 of the booklet (*Summarised Annual Financial Statements*)
- Remuneration is published per trustee in the full set of the Financial Statements

## 6 To Appoint the Auditor for the Ensuing Year





## 6 To Appoint the Auditor for the Ensuing Year

- Chairperson to give direction on this matter

7 To transact any other  
business of which notice  
was given by 30 April 2026





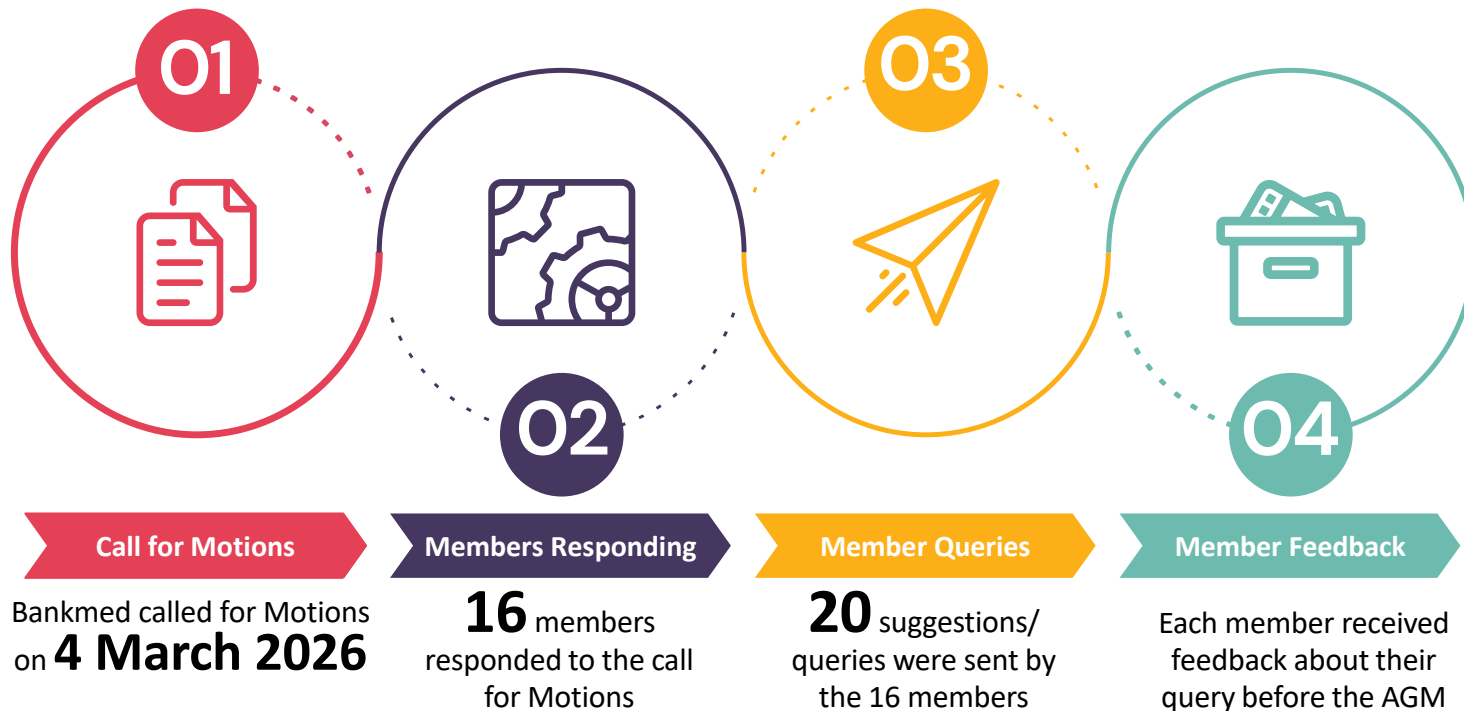
# 7 To transact any other business of which notice was given by 30 April 2026

## What constitutes a Motion?

- Communication sent to members on 4 March 2026.
- Rule 4.39: Motion” shall mean a written proposal formally submitted to the Scheme for discussion and possible adoption as a recommendation at a general meeting of the Scheme.
- **28.3 Motions**
- 28.3.1 - Notices of motions to be placed before the Annual General Meeting must reach the Principal Officer not later than midnight on the last day of April preceding the Annual General Meeting;
- 28.3.2 - A motion may not deal with matters that affect the operation of the Scheme or matters that fall outside of the ambit of the Annual General Meeting;
- 28.3.3 - Motions must be for the benefit of all members and/or be in the best interest of the Scheme and its members;
- 28.3.4 - Motions must be concise, defined and free from ambiguity, accompanied by a detailed motivation. Should a motion be submitted without the required detailed motivation, or not meet all the requirements as set out in Rules 28.3.1 – 28.3.4, the motion may be deemed to be invalid.”

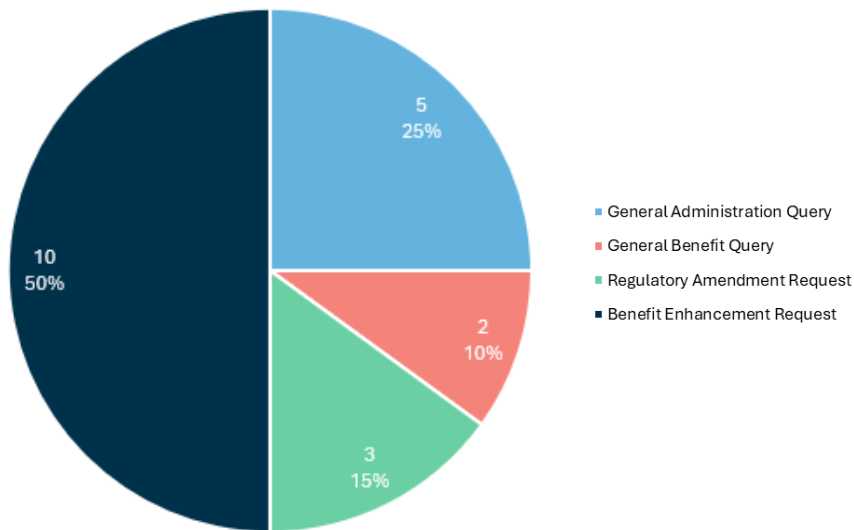


## To transact any other business of which notice was given by 30 April 2026





# To transact any other business of which notice was given by 30 April 2026



## Summary of Submissions

- **General Administration Query**  
Includes queries about the claims settlements process (MSA reimbursement rate), member claims statement amendment, lost medical aid card, communication regarding contribution increases exceeding inflation.
- **General Benefit Query**  
Covers questions related to increase the specialist network (specifically oncology) and increased contributions yet benefits were decreased.
- **Regulatory Amendment Request**  
Requests include discounts to pensioner contributions and the removal of HIV benefits and maternity benefits from the “pensioner plan” to reduce costs.
- **Benefit Enhancement Request**  
Suggestions relate to requests to amend/enhance specific benefits.

*All members were contacted personally ahead of the AGM to assist them with their personal queries and provide feedback.*

Heading Tier

**5 Minutes Left to Vote**

# 7.1 National Health Insurance Update





# What has NHI promised and the challenge

## Promised Made

- NHI benefits will be comprehensive...NHI will cover a much better range of benefits than medical schemes currently do.
- All benefits will be free at the point of service.
- NHI will be funded by general tax revenue, payroll taxes (on employers and employees) and a surcharge of individual's taxable income.



## Key Questions not yet Answered

- What benefits will be covered?
- What will the extent of coverage be?
- How will adequate access be ensured?
- Will remuneration of doctors and contractual arrangements be reasonable?
- Who will be funding the additional taxes given the low tax base?
- Will additional taxes be added before everyone has access to benefits?
- How will costs be managed to protect the economy?
- How will the negative impact of additional taxes on economic growth be mitigated?



*Implementation timeline  
expected to be 10 to 15 years.*

- Minister of Health





# Unworkable NHI stalling inclusive and meaningful progress

## Widespread opposition to the NHI Act in its current form

- Fiscally impossible
- Economic hardship for all taxpayers
- Reduces access to healthcare
- Loss of critical healthcare professionals
- Healthcare rationing will be widespread
- Increased healthcare costs and out-of-pocket payments
- Significant downside risk before NHI is implemented

### Litigation in progress



# NHI Act Status

## No section of the Act has yet been proclaimed by the President

- NDoH is indicating intent for some sections to be proclaimed by August/September
- Minister has said full implementation is 10-15 years away

## Severe challenges to funding of the NHI

- Reductions in donor funding placing additional pressure on the public sector

## Legal status of NHI Act regulations unclear

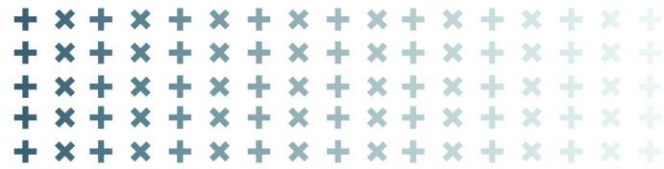
- NDoH claims commentary period closed 6 June 2025 but Minister not empowered to publish regulations
- Regulations deal only with appointment of Board and Committees
- Establishment of NHI Fund (a 3A entity under the Public Finance Management Act unclear)

## More legal challenges launched

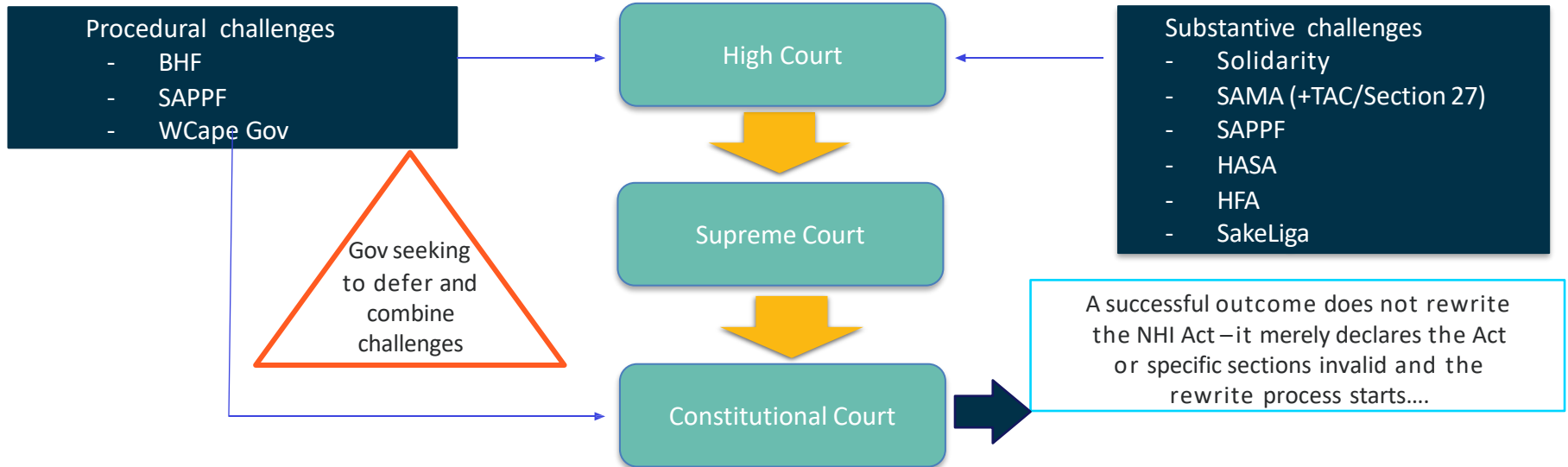
- BHF and SAPPF have launched further procedural challenges
- Sakeliga and Wcape government have launched cases
- Treatment Action Campaign/Section 27 have entered SAMA case as amicus (friend of the court)
- NDoH has sought to constrain their role

## NDoH seeking to defer and consolidate substantive constitutional challenges

- NDoH seeking for Solidarity, SAMA, SAPPF, HASA and HFA challenges to be consolidated and deferred
- Want procedural challenges to be heard by Constitutional Court first
- Ironically their argument is based on them losing the procedural challenge (as only then are the other challenges “moot”)



# Legal challenges – a complex picture to unravel..... and a very long timeline....



Minister says that full implementation will take 10 to 15 years



**So, what is the solution?**

**NHI and Medical Schemes working  
together, not one or the other**

## Conclusion on the update on NHI

NHI remains an important matter, and the collective stakeholder response to NHI has been impactful;

Bankmed continues to support the goal of universal health coverage, but strongly opposes the NHI Act in its current form;

There is still no need to panic;

There are at least fourteen court challenges, creating a complex legal landscape;

The promulgation of regulations of the NHI Act was paused (following a court order by the Pretoria High Court) pending Constitutional Court review;

On 5th and 6th May, the Constitutional Court heard the procedural cases lodged by the Board of Healthcare Funders (BHF) and the Western Cape Government (WCGov) respectively. Judgement was reserved;

Implementation timeline (if/when that is initiated) is expected to be 10 to 15 years;

Bankmed is committed to staying engaged as part of a collective via the Health Funders Association (HFA).

Heading Tier

**Voting on Motions has  
Closed**


# 8 Announcement of newly-elected Trustees



# Bankmed Trustee Elections 2026

## Election Outcome

25 June 2026

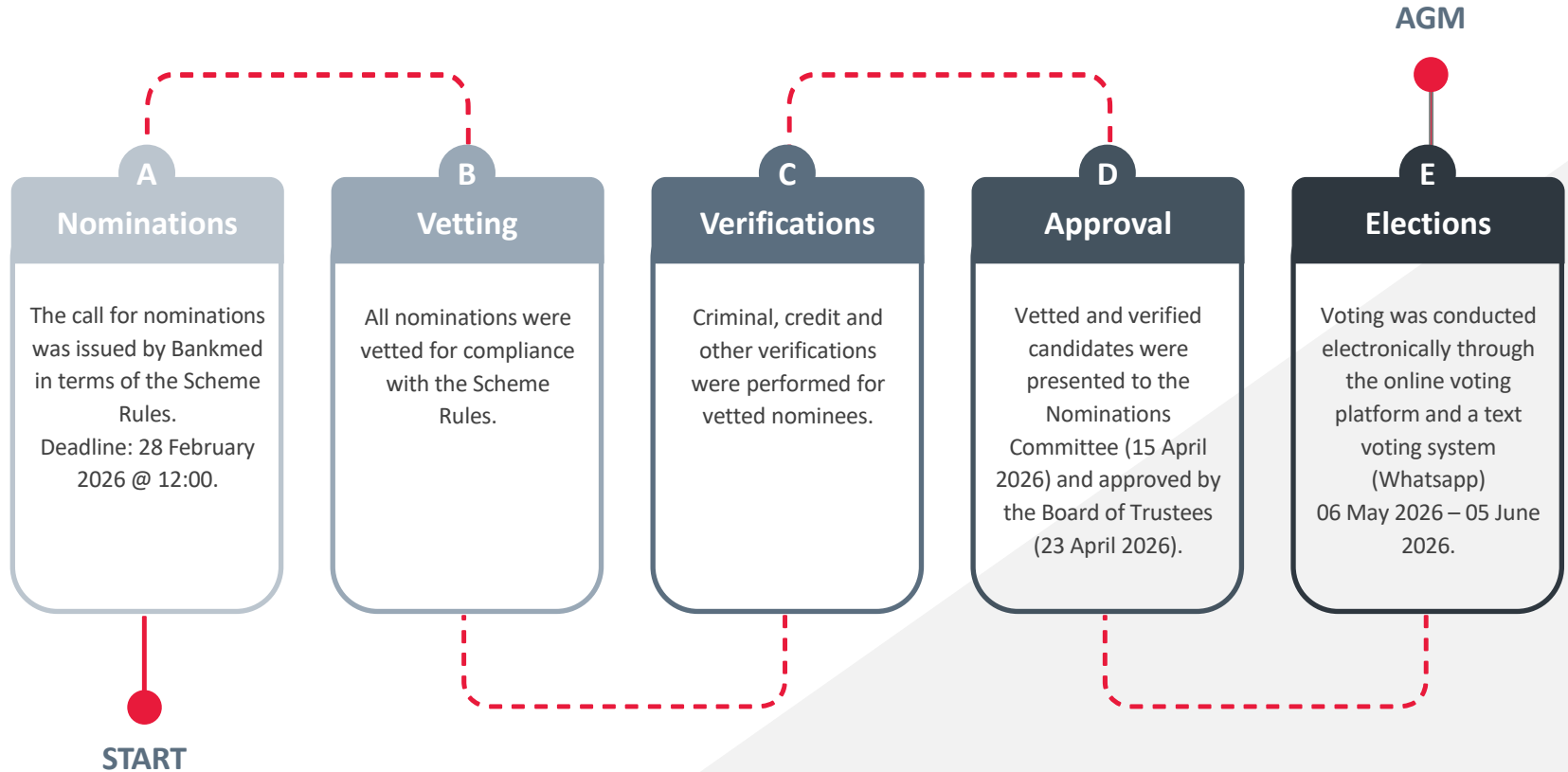
The background of the slide features a faint, light-colored molecular structure composed of spheres and connecting rods, resembling a ball-and-stick model of a chemical compound. This structure is overlaid on a background that is split diagonally from the top left to the bottom right. The upper-left portion is light gray, and the lower-right portion is black. The molecular structure is most visible in the light gray area.

**Elevating people**  
**Elevating business**  
**Elevating society**

# Trustee Election Process

## Trustee Election Process

### An overview



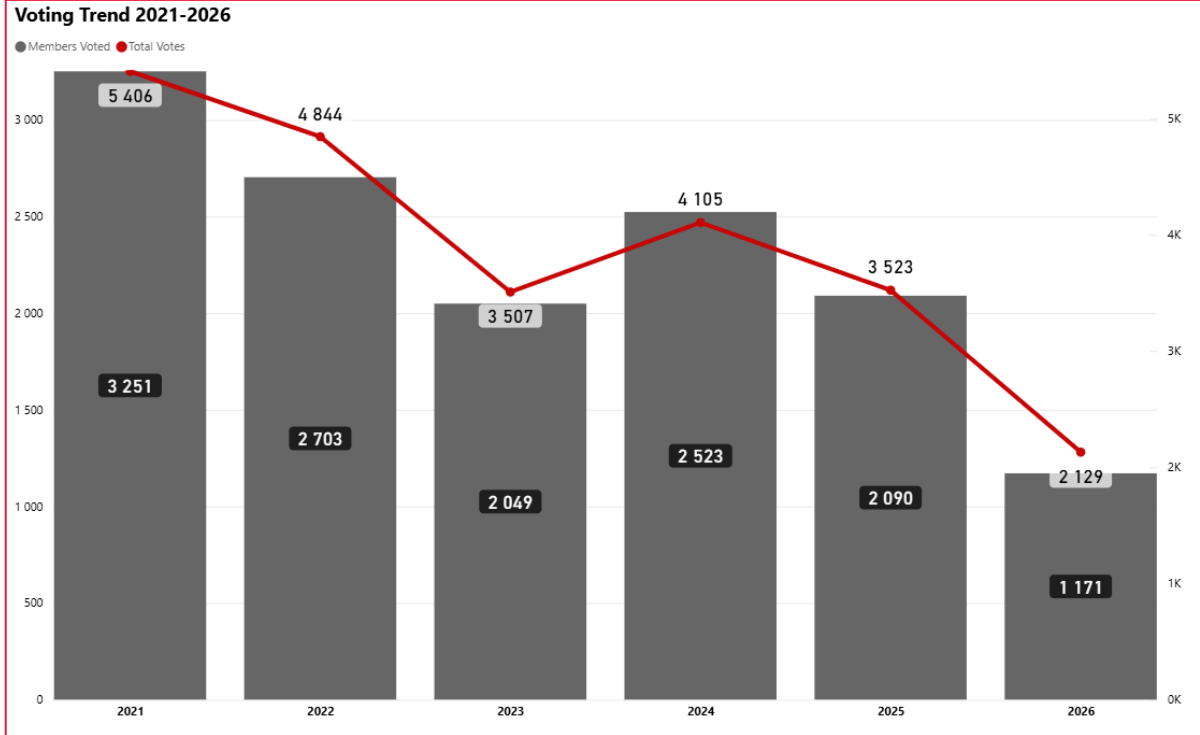
## Election Statistics

## Voting Trends

Item	No.
Single Votes	213
Double Votes	958
Web Voters	987
Whatsapp Voters	184

## Top 5

Employer Group	Voters
Firststrand Retirement Fund	304
Firststrand Group	188
Absa Bank Pensioners	141
Non Banking Officials	122
Non Banking Officials Pensioners	114



# Final Results

**Final Results****Elected Trustees - 2026**

As the Independent Electoral Body, we are pleased to announce the audited results of the Bankmed Trustee Election 2026.

The two (2) candidates with the most votes are (in alphabetical order of surname):

- Rod Gush
- Dirk Le Grange

Bankmed Trustee 2026



Rod Gush

Bankmed Trustee 2026



Dirk Le Grange

# THANK YOU

Congratulations to the newly elected Trustees, we wish you all the best.

We appreciate the opportunity to serve as the Independent Electoral Body for the Bankmed Trustee Election – 2026.

## 8.1 Additional Questions to be followed by the Results of the Votes



# 9 Closure





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**MORE** THAN A MEMBER. MORE **WITH BANKMED.**