PROXY FORM

WOOLTRU HEALTHCARE FUND ANNUAL GENERAL MEETING
TUESDAY, 21 JULY 2026

Please complete this form if you are unable to attend the Annual General Meeting (AGM) and wish to appoint another member of the Fund as your proxy to attend, speak and vote on your behalf at the meeting or at any adjournment thereof.

Your membership details

Membership number

Full name and surname

As a member of the Wooltru Healthcare Fund, I appoint the following member of the Fund as my proxy:

Membership number

Full name and surname

OR

☐ As a member of the Wooltru Healthcare Fund, I appoint the Chairperson of the AGM as my proxy at the meeting or at any adjournment thereof. **Please tick the box if you wish to appoint the Chairperson as your proxy.**

Signed this ☐☐ day of ☐☐☐☐☐☐☐☐ 2026.

SIGNATURE OF MEMBER

SIGNATURE OF PERSON APPOINTED AS PROXY

No signature required if you appoint the Chairperson as your proxy.

NOTE:

This form must be completed and returned to agm@wooltruhealthcarefund.co.za by no later than Monday, 13 July 2026.