

Dividend Reinvestment Plan

Participation Form

Do not complete this Participation Form if you wish to continue to receive in cash any dividends declared in respect of all of your shares in Third Age Health Services Limited ("TAH").

A Dividend Reinvestment Plan ("Plan") operates for your Third Age Health Services Limited shares. Full details of the Plan are set out in the offer document dated 19 May 2022 accompanying this Participation Form. If you wish to reinvest all or part of your net proceeds of your cash dividends, simply complete and return this form in the enclosed reply paid envelope or email the completed form to enquiries@linkmarketservices.com. Alternatively, you may make your participation election, or vary an existing participation election online by visiting <https://investorcentre.linkmarketservices.co.nz>. In accordance with clause 1.5 of the Plan, you may participate at any time, though if your notice is received after a Record Date it will be effective as at the following Record Date. Otherwise, your notice will take effect immediately.

Capitalised terms not defined in this Participation Form have the meaning given to those terms in the glossary of the Offer Document.

Name(s): _____

Address: _____

CSN/Holder number: _____ Daytime phone: (____) _____

I/We wish to participate in the Plan as outlined in the Offer Document dated 19 May 2022. I elect to receive an issue of fully paid ordinary shares in lieu of future dividends to the extent and in the manner prescribed in the Plan: (Choose one option only)

a) Full participation in the Plan for all the Shares I/We may hold from time to time.

OR

b) Partial participation in the Plan. Please state number of Shares to participate: _____

- I/We accept the terms and conditions of the Plan set out in the Offer Document dated 19 May 2022 and acknowledge that my/our participation in the Plan will continue unless I/we advise Third Age Health Services Limited otherwise in writing.
- I/We hereby direct that the net proceeds of all cash dividends I am/we are entitled to be paid or credited in respect of my/our participating shares be applied toward the purchase of additional Third Age Health shares in accordance with the Plan.
- I/We warrant that if at any time I/we reside outside New Zealand or Australia and accept or continue to participate in the Plan, the offer of the Plan and my/our participation in it does not breach any laws in my/our country of residence.

Joint holders must each sign. Companies must execute by an authorised officer or attorney. If signed by an attorney, a non-revocation declaration must accompany this form, and the relevant authority must either have been exhibited previously to the Registrar or accompany this form.

Signature of Shareholder(s):

_____ Date: ____/____/____

_____ Date: ____/____/____

_____ Date: ____/____/____

Participation will commence on the first Record Date after receipt by the Registrar of this Participation Form, correctly completed. Participation will continue to apply until varied online at <https://investorcentre.linkmarketservices.co.nz> or submitting another Participation Form or terminated by submitting a Cancellation Form (available from the Registrar upon request), in accordance with the terms and conditions of the Plan or until the Plan is terminated or suspended by TAH.

To participate this Form may be returned at any time to the Registrar by one of the following:

By post (New Zealand):

Third Age Health Services Limited Registrar
C/- Link Market Services Limited
PO Box 91976
Auckland 1142

or

Level 30, PwC Tower
15 Customs Street West
Auckland 1010
New Zealand

Scan and email:

enquiries@linkmarketservices.com
(Please put TAH DRP in the subject line for easy identification)