

Third Age Health Services Limited

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.

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: ()
of future dividends to	te 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 the extent and in the manner prescribed in the Plan: (Choose one option only) n in the Plan for all the Shares I/We may hold from time to time.
OR b) Partial participa	ntion in the Plan. Please state number of Shares to participate:
· ·	the terms and conditions of the Plan set out in the Offer Document dated 19 May2022 and acknowledge that my/our participation ill continue unless I/we advise Third Age Health Services Limited otherwise in writing.
	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 olied toward the purchase of additional Third Age Health shares in accordance with the Plan.
· ·	t 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 our participation in it does not breach any laws in my/our country of residence.
	h sign. Companies must execute by an authorised officer or attorney. If signed by an attorney, a non-revocation declaration must and the relevant authority must either have been exhibited previously to the Registrar or accompany this form.
Signature of Sharehold	ler(s):
	Date:/
	Date:/
	Date:/
continue to apply unt	nence on the first Record Date after receipt by the Registrar of this Participation Form, correctly completed. Participation will I varied online at https://investorcentre.linkmarketservices.co.nz or submitting another Participation Form or terminated by ion Form (available from the Registrar upon request), in accordance with the terms and conditions of the Plan or until the Plan is

To participate in the FY22 final dividend this Form may be returned at any time before 5pm on Thursday 9 June 2022, 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)