



PROXY FORM

ANNUAL GENERAL MEETING 24 JUNE 2026

I, , member number

being a principal member of TRANSMED MEDICAL FUND, hereby appoint

, member number

as my proxy to attend, speak and vote (if required) on my behalf at the TRANSMED ANNUAL GENERAL MEETING to be held on Wednesday, 24 June 2026 at 14:00, or at any adjournment thereof.

SIGNATURE OF WARRANTOR

DATE

SIGNATURE OF PROXY HOLDER

DATE

IMPORTANT

1. The PROXY FORM must reach the Fund by no later than 16:00 on 19 June 2026 and may be emailed to fundmanagement@transmed.co.za.
2. Any amendments or corrections to this form must be initialled by the warrantor.
3. Each member is entitled to appoint one proxy who must be a member of the Transmed Medical Fund.