PROXY FORM

RESCHEDULED ANNUAL GENERAL MEETING 26 AUGUST 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 RESCHEDULED TRANSMED ANNUAL GENERAL MEETING to be held on Wednesday, 26 August 2026 at 14:00, or at any adjournment thereof.

SIGNATURE OF WARRANTOR _____ **DATE** DD/MM/YYYY

SIGNATURE OF PROXY HOLDER _____ **DATE** DD/MM/YYYY

IMPORTANT

1. The PROXY FORM must reach the Fund by no later than 16:00 on 19 August 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.