

Participation Notice

Dividend Reinvestment Plan

Do not complete this form if you wish to continue to receive in cash any dividends declared in respect of all of your Shares in Radius Residential Care Limited ("Radius Care").

Radius Care has a dividend reinvestment plan (the "Plan"). Full details of the Plan are set out in the Offer Document dated November 2022. Capitalised terms not defined in this Participation Notice have the meaning given to those terms in the Glossary of the Offer Document.

If you wish to reinvest all or part of your Radius Care dividends under the Plan, complete and return this form to drp@computershare.co.nz.

Alternatively, you may make your Participation Election or vary an existing Participation Election online by visiting www.investorcentre.com/nz.

Note: Applications received from non-New Zealand resident Shareholders will only be accepted if permitted by the laws in force in the jurisdiction of that non-New Zealand resident Shareholder.

Personal Details	Name(s)	_____
	Address	_____
	Email	_____
	CSN/Holder number	_____
	Daytime phone ()	_____

Participation Election	In terms of Radius Care's dividend reinvestment plan, I/we wish to participate in the Plan and request: (Choose one option only):	
	<input type="radio"/>	a. Full participation in the Plan for all the Shares I/we may hold from time to time or
	<input type="radio"/>	b. Partial participation in the Plan for the following number of Shares I/we may hold from time to time Please specify the number of shares to participate _____

Signature/s	Joint holders should each sign. Companies should sign by an authorised officer or attorney. If signed by an attorney, a certificate of non-revocation must accompany this form, and the relevant authority must either have been provided previously to the Share Registrar or accompany this form.	
	I/We acknowledge that I/we have received and read a copy of the Offer Document. I/We agree to be bound by the terms and conditions of the Plan set out in the Offer Document dated [date] and this form. 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 towards the purchase of Additional Shares in accordance with the Plan.	
	Signature of Shareholder(s)	Date ____ / ____ / ____
	Signature of Shareholder(s)	Date ____ / ____ / ____
	Signature of Shareholder(s)	Date ____ / ____ / ____

Participation will commence on the first Record Date after receipt by the Share Registrar of your correctly completed Participation Election or, if your Participation Election is received after a Record Date but before 5.00pm on an Election Date, from the Record Date immediately preceding that Election Date.

Participation will continue to apply until varied or terminated in accordance with the terms and conditions of the Plan or until the Plan is terminated or suspended by Radius Care.