

TAIT INTERNATIONAL LIMITED'S FULL TAKEOVER OFFER FOR ORDINARY SHARES IN VITAL LIMITED (ACCEPTANCE)

PLEASE NOTE THAT YOU CAN COMPLETE YOUR ACCEPTANCE ONLINE AT <https://vital.takeovers.co.nz>

Shareholder/Seller ("you")

Mailing house will personalise with name & address and will ensure this fits the window of the envelope to act as address carrier. They will print all details & details on the right + barcode

Number of VTL Shares held as at 9 June 2025: xxxxxxxxxxxxxxxxxxxxxx Consideration: \$ xxxxxxxxxxxxxxxxxxxxxx CSN / Holder Number: xxxxxxxxxxxxxxxxxxxxxx //BARCODE//

PLEASE REFER TO THE INSTRUCTIONS OVERLEAF FOR DIRECTIONS ON HOW TO COMPLETE THIS ACCEPTANCE FORM

Insert in the box below the number of fully paid ordinary shares ("Shares") in Vital Limited ("VTL") in respect of which you accept the full takeover offer by Tait International Limited ("Tait") dated 19 June 2025 ("Offer").

Number of Shares you wish to sell

- NOTE**
- You may accept the Offer in respect of all or any Shares held by you.
 - If you do not state the number of Shares in respect of which you wish to accept the Offer, you will be deemed to have accepted the Offer in respect of all of the Shares held by you and to have stated that number in the box above.

By signing this form you hereby:

- irrevocably:
 - accept the Offer for the number of Shares set out in the box above (or if note 2 above applies, for all of the Shares held by you) on and subject to the terms and conditions of the Offer;
 - agree to transfer all those Shares to Tait, on and subject to the terms and conditions of the Offer;
- without limitation to any other term of the Offer, authorise, represent and warrant as set out in paragraphs 3.6 and 3.7 (both inclusive) (to the extent applicable) of the Offer Document; and
- irrevocably appoint Tait as your attorney and agent on the terms set out in the following paragraph.

POWER OF ATTORNEY

From the date of beneficial ownership to your Shares passing to Tait in accordance with the terms of the Offer, you irrevocably authorise and appoint Tait (with power of substitution by Tait in favour of such person(s) as Tait may appoint to act on its behalf) as your attorney and agent to act for you and do all matters of any kind or nature whatsoever in respect of or pertaining to your Shares and all rights and benefits attaching to them as Tait may think proper and expedient and which you could lawfully do or cause to be done if personally acting as a legal or beneficial owner of the applicable Shares. For the avoidance of doubt, this power of attorney applies only to those Shares that are taken up from you under the Offer.

METHOD OF PAYMENT

Payment will be made by electronic transfer directly into your New Zealand account. All payments will be made in New Zealand dollars.

If you have previously provided bank account details to MUFG Pension & Market Services and you want your payment made to that account, please tick the box below.

PLEASE USE MY EXISTING ACCOUNT DETAILS:

Otherwise, complete the details below.

Account Name: _____ Bank & Branch: _____

New Zealand Bank Account Number:

Bank	Branch	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>

Note: If your desired account is not a New Zealand dollar account with a New Zealand registered bank, or if the details that you provide are not sufficient to effect an electronic funds transfer to your desired account, Tait may choose to pay you by electronic funds transfer to any existing New Zealand dollar account that you have advised to MUFG Pension & Market Services (such as for dividend payments) which is known by Tait. Neither Tait nor MUFG Pension & Market Services has any responsibility to verify any such details. Your bank may charge you fees in relation to receipt of an electronic transfer.

Dated and signed the _____ day of _____ 2025 Contact Daytime phone number (_____) _____

Email Address _____
By providing your email address you give MUFG Pension & Market Services and Tait permission to communicate to you by email where required.

SIGNATURE(S) FOR AN INDIVIDUAL/ATTORNEY/TRUSTEE/COMPANY

Individual / Attorney / Trustee / Director Individual / Trustee / Director / Authorised person Individual / Trustee / Director / Authorised person

ONLY COMPLETE THE FOLLOWING SECTION IF THE ACCEPTANCE FORM IS SIGNED UNDER A POWER OF ATTORNEY

CERTIFICATE OF NON-REVOCACTION OF POWER OF ATTORNEY

I _____ of _____, _____, certify:
full name of power of attorney place and country of residence occupation

1. That by deed dated _____, _____, of _____,
date full name of donor (individual or corporate) place and country of residence / registered office
appointed me his / her / its attorney. If the donee of the power is a body corporate, I confirm that I am authorised to give this certificate on its behalf and the capacity in which I give this certificate for the attorney is as _____.
insert director / officer / other capacity

2. That I have not received notice of any event revoking the power of attorney.

SIGNED at _____ this _____ day of _____
Signature & Name of Attorney

NOTES AND INSTRUCTIONS FOR COMPLETION OF THIS ACCEPTANCE FORM

1. **To accept the Offer:**

- (a) Insert the date of signing in the space provided. Please ensure that all details on this Acceptance Form are correct. Please alter this Acceptance Form if required.
- (b) Sign this Acceptance Form where marked "Signature(s)". Companies must sign in accordance with the Companies Act 1993 or other applicable law.
- (c) If the Shares are registered in the names of joint holders, all holders must sign this Acceptance Form.
- (d) **Power of Attorney:** If this Acceptance Form is signed under a power of attorney, the certificate of non-revocation printed on this Acceptance Form must be completed by the party holding the Power of Attorney and signing this Acceptance Form, unless the attorney is a body corporate, in which case the attorney must sign and attach a certificate of non-revocation of power of attorney in the form set out in the Property Law Act 2007. In either case, the relevant instrument appointing the attorney must be submitted for noting and return unless it has already been provided to MUFG Pension & Market Services.
- (e) **On Completion:** Either mail, deliver or email this Acceptance Form as provided for below so that it is received by Tait on or before 11:59pm on the Closing Date, being 18 July 2025 or, if the Offer is extended to a later date, such other later date.

(i) **EMAIL:** Email the signed Acceptance Form to Tait International Limited at:
applications.nz@cm.mpms.mufg.com
(Please type "Vital Acceptance" in the email subject line for easy identification)

(ii) **POST:** Post to the following address:
Tait International Limited
C/- MUFG Pension & Market Services
PO Box 91976
Victoria Street West
Auckland 1142
New Zealand

(iii) **DELIVER:** Deliver the signed Acceptance Form to Tait, at the following address:
Tait International Limited
C/- MUFG Pension & Market Services
Level 30, PwC Tower
15 Customs Street West
Auckland 1010

[Note: This office is only open on weekdays during normal business hours].

2. **Interpretation:** A reference to "you" is a reference to the registered shareholder(s) printed at the head of this form and, accordingly, references to you in the singular shall include the plural. Capitalised terms used but not defined in this form have the meanings given to them in the Offer Document.

IF YOU ARE IN DOUBT ABOUT HOW TO COMPLETE THIS ACCEPTANCE FORM OR THE PROCEDURE FOR ACCEPTANCE, PLEASE CALL MUFG PENSION & MARKET SERVICES AT +64 9 375 5998