

Participation notice



Summerset Group Holdings Limited - Dividend Reinvestment Plan

You should not complete this form if you wish to receive any dividends declared in cash

The Dividend Reinvestment Plan Offer Document which this Participation Notice accompanies is important. Terms used in this Participation Notice have the meaning given to them in the Offer Document. If you have any questions in relation to the Plan, please consult your broker, financial, investment or other professional advisor. Please see instructions on page 14 of the Offer Document on how to complete this Participation Notice and where to send it.

Summerset offers its shareholders the ability to participate in the Plan on the terms set out in the Offer Document dated 27 August 2025. If you wish to participate in the Plan or to vary your participation in the Plan, you should make a Participation Election by completing this form and sending it to Summerset's Share Registrar.

Alternatively, you may make your Participation Election, or vary an existing Participation Election, online by visiting: nz.investorcentre.mpms.mufg.com (New Zealand – NZX registered holders) or au.investorcentre.mpms.mufg.com (Australian – ASX registered holders) (refer to clause 5.1 of the Offer Document for further details).

Shareholder Name: _____

(Please provide the exact registered name(s) as it appears on your Security Transaction or Holding Statement that your Summerset Shares are held in)

Shareholder's Address: _____

Holder Number: _____ (You **must** supply your CSN/Holder Number or HIN/SRN)

I wish to participate in the Plan and request:

☐ **Option 1: Full participation** (including any future Summerset Shares acquired)

OR

☐ **Option 2: Partial participation** (state percentage of Summerset Shares to participate in the Plan: _____%)

Certification

By accepting this offer and participating in the Plan, you are agreeing to the Terms and Conditions set out in the Offer Document and you are providing the certification set out in the instructions for completing this form, under the heading "Certification". Read that section carefully.

Execution*

Holder/Director/Authorised Person

Holder/Director/Authorised Person

Holder/Authorised Person

Date: _____

* If a joint holding all holders must sign.

* If a company is signing, it must be signed on behalf of the company by a person duly authorised for that purpose.

* If this Participation Notice is signed under a power of attorney, a certificate of non-revocation of power of attorney in the usual form must also be submitted with this Participation Notice.

Participation in the Plan will commence on the first Record Date after receipt by Summerset's 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. Your participation in the Plan will continue to apply until you vary or terminate it by written notice in accordance with the Terms and Conditions of the Plan.

Contact Details: Please provide your contact details below

Contact name: _____ Mobile or daytime telephone number: _____

Please send to: MUFG Pension & Market Services, PO Box 91976, Auckland, 1142, New Zealand or MUFG Pension & Market Services, Locked Bag A14, Sydney South, NSW 1235, Australia