

RYMAN HEALTHCARE LIMITED
ALL STAFF EMPLOYEE SHARE SCHEME - APPLICATION FORM AND LOAN
ACKNOWLEDGMENT

TO: Ryman Healthcare Limited (“*Ryman*”)

FROM: [_____] (“*I*” or the “*Participating Employee*”)

- 1 I confirm that I have read and agree to the Scheme Terms attached as Schedule A and the Question and Answers Sheet attached as Schedule B, and taken whatever advice I consider appropriate prior to making a decision to participate in the Ryman All Staff Employee Share Scheme.
- 2 I confirm I wish to receive from Ryman by way of interest-free non-recourse loan the sum of AU\$[_____] to apply to participate in the Ryman All Staff Employee Share Scheme (the “*Ryman Contribution*”). This loan will be paid directly to Craigs Investment Partners Limited (“*Craigs*”) by Ryman on the Participating Employee’s behalf.
- 3 I appoint Craigs to purchase my shares on-market, at the then current market price, to a value of approximately 2 times the value of the Ryman Contribution under paragraph 2. I agree I will pay the balance to Ryman for the shares by Friday 12 July 2019, representing half of the total value of the shares purchased and the Craigs brokerage fee.

4 The purchase of Ryman shares under the Scheme I wish to transact is therefore:

My contribution (A) AU\$ _____

Plus: Ryman loan (B) (equal to A) AU\$ _____

Ryman shares purchased (A+B) AU\$ _____

Note: I understand that my contribution must be no less than AU\$500 and no more than AU\$10,000 and that the Ryman Loan is equal to my contribution. I also understand that my contribution will also pay for the brokerage costs to Craigs to purchase the shares.

5 I confirm I will comply with the Scheme Terms and I authorise the company to instruct the Ryman Share Registrar (LINK Market Services Ltd) in relation to restricting my dealing in the shares acquired under this scheme during the time that the Ryman loan is outstanding. I also authorise Ryman to assist me with administrative matters relating to my participation in the Ryman All Staff Employee Share Plan.

6 Yes, I am already in the All Staff Employee Share Scheme

7 Ensure that you have signed and dated page 3 of this Application Form and Loan Acknowledgement

Signature of Participant Employee: _____

Full Name of Participating Employee: _____

Position with the Ryman Group: _____

Village/Location of employment: _____

Dated this _____ day of _____ 2019

CHECKLIST, PAYMENT AND SIGNATURE PAGE

Ryman Healthcare Limited All Staff Employee Share Scheme

All emailed/hard-copy application forms and acknowledgement of loan documentation must be received by Rebecca Schumacher (at Ryman Christchurch), no later than Monday 17 June 2019. Emailed copies are preferred.

Email your completed and signed forms to: rebecca.schumacher@rymanhealthcare.com.

OR send a completed and signed hard-copy of this form to:

- Rebecca Schumacher, Ryman Healthcare Limited, PO Box 771, Christchurch.

Any queries can be addressed to: rebecca.schumacher@rymanhealthcare.com.

Your contributions do not need to be received by Ryman until Friday 12 July 2019 (see further below).

Checklist before you return your application form/acknowledgement of loan to Ryman Christchurch

1. Have you carefully read all the materials including the scheme terms?
2. Have you taken independent financial advice if you feel it is necessary?
3. Have you arranged to transfer your contribution to Ryman Healthcare Ltd by Friday 12 July 2019?
 - a. Ryman AUD bank account number 012055-835469165
 - b. Please add any details that you can to help us identify your contribution

Note – your contribution must be at least AU\$500 and be no more than AU\$10,000

I confirm that I have completed all the above steps:

Signature of Participant Employee: _____

Date: _____

Payment details:

- Direct credit your contribution into the Ryman Healthcare Limited bank account no later than Friday 12 July 2019:
 - Ryman AUD bank account number 012055-835469165
 - Please add any details that you can to help us identify your contribution