

PROXY FORM

The below stated proxy is hereby authorised to exercise my/our voting rights at the Annual General Meeting of Vitrolife AB (publ) on Tuesday 5 May 2026.

Proxy

| | |
|------------------------|--------------------|
| Name of proxy | Personal ID number |
| | |
| Address | |
| | |
| Phone number (daytime) | E-mail |
| | |

Signature by the shareholder

| | |
|-------------------------------------|---------------------------------|
| Name of shareholder | Personal or corporate ID number |
| | |
| Phone number (daytime) | E-mail |
| | |
| Place and date | |
| | |
| Signature by the shareholder | |
| | |
| Clarification of signature | |
| | |

Please note that a separate notification regarding the shareholder's participation in the Annual General Meeting must be made in accordance with the instructions in the convening notice, even if the shareholder wishes to exercise its voting right at the Annual General Meeting by proxy.

For information on how personal data is processed in connection with the Annual General Meeting, please visit Euroclear Sweden AB's and Vitrolife AB's respective websites, www.euroclear.com/dam/ESw/Legal/Privacy-notice-bolagsstammor-engelska.pdf and www.vitrolifegroup.com/en/site-services/privacy-policy.