

S H L TELEMEDICINE LTD.
(the "Company")

PROXY FOR THE SPECIAL GENERAL MEETING

The undersigned hereby appoints Mr./Ms. _____, Israeli ID No. _____, as the undersigned's proxy ("**Undersigned's Proxy**") for the purpose of the Special General Meeting of the Shareholders of the Company, to be held on **January 7, 2021 at 13:00** (Israel time) at the Company's registered office, located at 90 Yigal Alon Street, Ashdar Building, Tel-Aviv, and at any adjournment thereof (the "**Special General Meeting**"), and hereby authorizes the aforementioned proxy to represent the undersigned in the Special General Meeting and any adjourned meeting and:

to vote [_____] out of [_____] of the ordinary shares of the Company registered in the name of the undersigned, or on its behalf, with Computershare Schweiz AG, in all votes taken at the Special General Meeting or any adjournment thereof according to the undersigned's following instructions:

Resolution Number	Manner of vote ¹		
	Yes	No	Abstained
Resolution 1 – Increase of the Company's Authorized Share Capital by additional 11,000,000 ordinary shares and Amendment to the Company's Articles of Association accordingly.			

to authorize the Undersigned's Proxy to vote [_____] out of [_____] of the ordinary shares of the Company registered in the name of the undersigned or on its behalf, with Computershare Schweiz AG, in all votes taken at the Special General Meeting or any adjournment thereof, according to the Undersigned's Proxy's sole and absolute discretion.

The appointment of the aforementioned proxy/proxies will not affect the undersigned's right to vote in person, if it is present at the respective meeting.

¹ Failure to check this box shall be deemed an abstaining vote.

(Full name of Person registered with Computershare Schweiz AG)

Signature*: _____

Date: _____

Number of Shares: _____

* when signing as attorney, executor, administrator, trustee or guardian, please state your title as such. If a corporation, please sign in full corporate name by president or another authorized officer. If a partnership, please sign in partnership name by authorized person.