

SHAREHOLDER PROXY
Annual Shareholders' Meeting
19th day of August, 2025, 10:00am CDT



1. Your name and address

To inform the Company of any name or address change or to provide your current phone number and/or email address (for future notifications), please mark the box and provide the current information on the other side of this form. Please note that this form cannot be used to change ownership of your securities.

2. Appointment of a proxy

If you wish to appoint the Chairman of the meeting as your proxy, mark the box. If the person you wish to appoint as your proxy is someone other than the Chairman of the meeting, please write the name of that person. If you leave this section blank, or your named proxy does not attend the meeting, the Chairman of the meeting will be your proxy. A proxy need not be a security holder of the Company.

3. Votes on items of business

You may direct your proxy how to vote by placing a mark in one of the three boxes opposite each item of business. All your securities will be voted in accordance with such a direction unless you indicate only a portion of voting rights are to be voted on any item by inserting the percentage or number of securities you wish to vote in the appropriate box or boxes. If you do not mark any of the boxes on a given item, your proxy may vote as he or she chooses. If you mark more than one box on an item your vote on that item will be invalid.

4. Appointment of a second proxy

You are entitled to appoint up to two persons as proxies to attend the meeting and vote on a poll. If you wish to appoint a second proxy, an additional proxy form may be obtained by contacting the Company, or you may simply copy this form.

To appoint a second proxy, you must:

- (a) on each of the first and second proxy forms, state the percentage of your voting rights or number of securities applicable to that form. If the appointments do not specify the percentage or number of votes that each proxy may exercise, each proxy may exercise half your votes. Fractions of votes will be disregarded.
- (b) return both forms together in the same envelope or email.

5. Signing instructions

You must sign this form as follows in the spaces provided:

- Individual: where the holding is in one name, the holder must sign.
- Joint holding: where the holding is in more than one name, all of the security holders must sign.
- Power of attorney: to sign under power of attorney, a copy of the executed power of attorney must accompany this form. If this proxy form is signed under power of attorney, the attorney hereby states that no notice of revocation of the power of attorney has been received.
- Companies: this form must be signed by a duly authorized officer of the Company. This officer must also indicate the office held. If a representative of the corporation other than an officer is to attend the meeting, a copy of a corporate resolution authorizing the representative to act on behalf of the corporation must accompany this form.

Submission of a proxy

This proxy form and any power of attorney under which it is signed, must be received at the address given below no later than the close of business on 15th day of August, 2025. Any proxy form received after that time will not be valid for the scheduled meeting. Documents may be lodged by U.S. mail, other delivery method, facsimile or via electronic mail to Signal Advance. If delivered by electronic mail, the completed/signed form must be scanned, photographed or otherwise converted to a format that is deliverable electronically.

Mailing Address: Signal Advance, Corporate Secretary, 2520 County Road 81, Rosharon, Texas 77583

Electronic Mail: IR@SignalAdvance.com

Facsimile No.: 253 252 8631

Please include your Control Code (required) and Email Address.

SHAREHOLDER PROXY FORM

Enter Control Code: _____

PLEASE INFORM US OF YOUR INTENT TO ATTEND THE ONLINE ANNUAL SHAREHOLDERS' MEETING.

To attend, you must register on or before 10th day of August, 2025 by sending an email indicating your intent to attend to: IR@SignalAdvance.com. You must include your **CONTROL CODE** and a preferred **EMAIL ADDRESS** to receive access instructions. Access instructions will be provided to meeting registrants the week before the annual meeting. We also strongly recommend emailing any questions on or before 15th day of August, 2025 to: IR@SignalAdvance.com

Please complete and deliver this proxy form to Signal Advance, Inc. per the instructions on the back of this form. The cut-off time is 5:00 PM (Central Time) on 15th day of August, 2025.

For all inquiries, please contact the Company at 713 510 7445 or, toll free, at (800) 997-9218

[] Mark this box with an "X" if you have made any changes to your address and provide your new address in the space provided at the bottom of this form.

Appointment of proxy

[] I/We, shareholder(s) of Signal Advance, Inc. entitled to attend and vote hereby appoint:

The Chairman of the meeting (please mark the box with an "X") or

Write the name of the person you are appointing if other than the Chairman of the meeting.

Failing the person named, or if no person is named, the Chairman of the meeting, as my/our proxy to act generally at the meeting on my/our behalf and to vote in accordance with the following directions (or if no directions have been given, as the proxy sees fit) at the Annual Shareholder Meetings of Signal Advance, Inc., to be held online at 10:00am (central time), on 19th day of August, 2025 and continuing through any adjournment of that meeting.

Resolutions:

- | | For | Against | Abstain |
|---|-----|---------|---------|
| 1. To Elect Members of the Board of Directors: | | | |
| Chris Hymel..... | [] | [] | [] |
| Richard Seltzer..... | [] | [] | [] |
| Ron Stubbers..... | [] | [] | [] |
| 2. To approve minutes of previous annual shareholders' meeting..... | [] | [] | [] |
| 3. To ratify all proceedings of the corporation and actions of the Officers since the last shareholders' meeting..... | [] | [] | [] |

SIGN HERE - this section must be signed and dated in order for your directions to be followed.

Authorized Signature

Authorized Signature (if held jointly)

Date

Printed Contact Name

Printed Contact Name

For _____ Office Held: _____
(if shares are held as a custodian or in the name of a business entity)

[] Name Address/Contact Information (Please X box if the information has changed)

Name(s): _____

Street: _____ City: _____

State: _____ Zip or Postal Code: _____ Country: _____

Phone Number: _____ Email Address(es): _____

Please enter your email address(es) to receive future notifications electronically.