



WEST BEND
PROXY CARD

As the primary policyholder of the following policy of West Bend Mutual Insurance Company (West Bend), you have the right to vote on any agenda items that are proposed at a meeting of the members.

Policyholder Name:

Policy Number:

- 1. GET INFORMED View the Proxy Materials for the Special Meeting online at [●], or obtain a FREE electronic or paper copy of the materials by following the directions starting with “GET INFORMED” on the other side of this Card.
- 2. SIGN Authorize your vote by selecting For or Against, and signing and dating this document.
- 3. RETURN Mail this proxy form in the postage-paid envelope provided OR follow the instructions for telephonic or electronic submission of the proxy form.

WEST BEND MUTUAL INSURANCE COMPANY
PROXY FOR A SPECIAL MEETING OF MEMBERS TO BE HELD ON [●]

The proxy form must be marked with a vote either “For” approval of the Mutual Holding Company Plan and the transactions contemplated thereby or “Against” approval of the Mutual Holding Company Plan and the transactions contemplated thereby. If the box labeled “For” is marked, the proxy will be voted for approval of the Mutual Holding Company Plan and the transactions contemplated thereby. If the box labeled “Against” is marked, the proxy will be voted against approval of the Mutual Holding Company Plan and the transactions contemplated thereby. If a proxy form contains a vote both “For” and “Against” the Mutual Holding Company Plan and the transactions contemplated thereby, it will not be cast or counted. If the proxy form is executed but no choice is indicated for the Mutual Holding Company Plan and the transactions contemplated thereby, the proxy will be voted “For.” In their discretion, the Proxies are authorized to vote on any other business as may properly, in accordance with applicable law and West Bend’s Articles of Incorporation and Bylaws, come before the Special Meeting, in such manner as the Proxies deem in the best interest of West Bend.

PROPOSAL: To approve the Mutual Holding Company Plan, dated as of [●], and the transactions contemplated thereby, including the amendment and restatement of the Articles of Incorporation of West Bend.

FOR

AGAINST

YOUR VOTE IS VERY IMPORTANT. Please sign exactly as name appears above. If the policyholder is a corporation, limited liability company, or partnership, this proxy should be signed by an authorized officer, member, partner or other agent, as applicable. When signing as attorney, personal representative, executor, administrator, trustee, or guardian, please give full title as such.

Signature of Policyholder

Date

Title

WEST BEND MUTUAL INSURANCE COMPANY
PROXY FOR A SPECIAL MEETING OF MEMBERS TO BE HELD ON [●]

GET INFORMED before you vote at the Special Meeting to be held on [●]: The Notice of Special Meeting of members, the Policyholder Information Statement, the Mutual Holding Company Plan including all exhibits thereto and additional information are available online at [●]. You can also request an electronic copy be sent to your e-mail or a paper copy be mailed to you by calling [●] or sending an e-mail to [●] before [●], 2023. Please provide your policy number (indicated on the other side of this Proxy) in any e-mail.

The Policyholder named on the reverse side and therefore a member of West Bend Mutual Insurance Company (West Bend), hereby constitutes and appoints CHRISTOPHER C. ZWYGART and ROBERT J. JACQUES, and each of them, as the member's Proxy, with full power of substitution and revocation, to vote for and in the name of the above Policyholder at the Special Meeting of members to be held on [●], at 10:00AM Central Time at West Bend's home office, 1900 South 18th Avenue, West Bend, Wisconsin, or any adjournments, postponements, reschedulings or continuations thereof, upon the matters set forth on the reverse side of this proxy form and described in the Policyholder Information Statement dated [●] and upon such other business as may properly, in accordance with applicable law and West Bend's Articles of Incorporation and Bylaws, come before the Special Meeting.

You may vote by proxy by any of these methods:

- **By mail:** To execute this proxy card, please complete, sign, date and promptly return the proxy card in the postage-paid envelope provided with this proxy card and the Policyholder Information Statement.
- **Electronically:** Go to [●], and enter [policyholder name/policy type/policy number/access code] to submit your proxy
- **Telephonically:** Call [●] to submit your proxy.

All proxies must be received by West Bend by 11:59 pm, Central Time, [●] in order to be valid. If you should have a question about the proxy material, this proxy form, or how to complete or submit your written, electronic, or telephonic proxy, please call [●] Monday through Friday between the hours of 8:00 am and 5:00 pm Central Time.

YOUR CONSIDERATION AND PARTICIPATION IN THIS VOTING PROCESS IS GREATLY APPRECIATED.

You can sign, date, and vote on the reverse side.