Investor Presentation

Bell Potter Healthcare Conference

November 2021

Investment highlights

Novel Technology: WISE®	• WiSE® is the world's smallest inside-the heart wireless cardiac pacing device • WiSE® is the only way to provide leadless Cardiac Resynchronization Therapy (CRT) • EBR's patent portfolio, which includes 53 issued US patents and 44 issued patents outside the US (OUS), provides strong competitive protection for EBR's WiSE® system
Large Addressable Market	• EBR is initially targeting patients who cannot receive CRT from existing devices, or are at high risk for conventional upgrades, which represents an addressable market of ~US$2.1 billion • The WiSE® technology platform can be leveraged and extended into other patient groups, expanding EBR's market opportunity to ~US$7.1bn.
Excellent, reproducible clinical results	• 94% of patients who failed conventional CRT achieved cardiac resynchronization at 6-months with WiSE® in earlier trials • WiSE® is currently in the final stage of a pivotal clinical trial (SOLVE) which will complete enrolment in H1 2022 • Previous studies have exceeded the Performance Goals (Endpoints) set for the SOLVE trial
Rapid path to commercialisation	• WiSE® has been awarded FDA Breakthrough Device Designation which provides greater access to the FDA and initial multi-year payment coverage • EBR is targeting FDA approval and US commercial launch in H2 2023 with initial adoption from sites participating in the clinical trial for currently untreatable patients • Established relationships and increased adoption of leadless CRT expected to drive rapid commercialisation in the US and OUS following FDA approval

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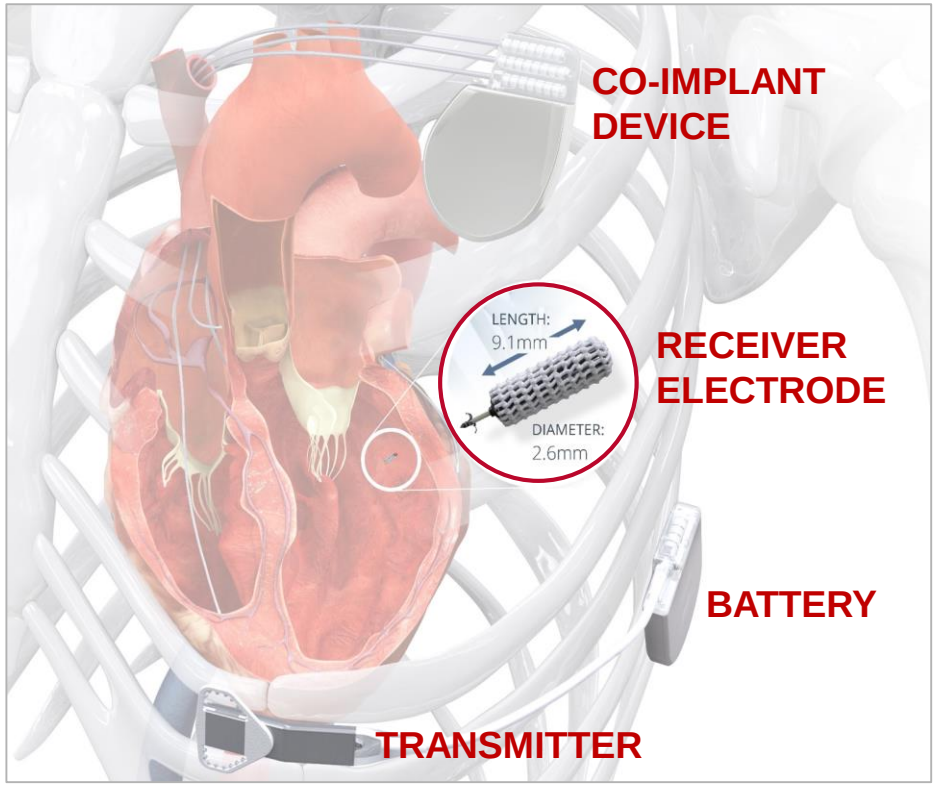
EBR has a leadless solution for heart failure patients



- Heart failure is a major medical and economic problem
- Many patients with heart failure require CRT treatment (Cardiac Resynchronisation Therapy)
- CRT uses cardiac pacing devices to coordinate the beating of the left and right sides of the heart
- CRT has been shown to significantly improve the health and quality of life for heart failure patients
- However, many patients are unable to receive CRT because their anatomy or disease condition prevents placing a lead to stimulate the left side of their heart
- EBR's wireless WiSE® can be used in these patients to stimulate the left side of the heart and, in conjunction with a right-side pacer, deliver CRT

WiSE® technology overview

Cardiac rhythm management is going leadless

WiSE® is the ***only*** leadless solution for left ventricle pacing and CRT

Major players have introduced leadless pacing technology

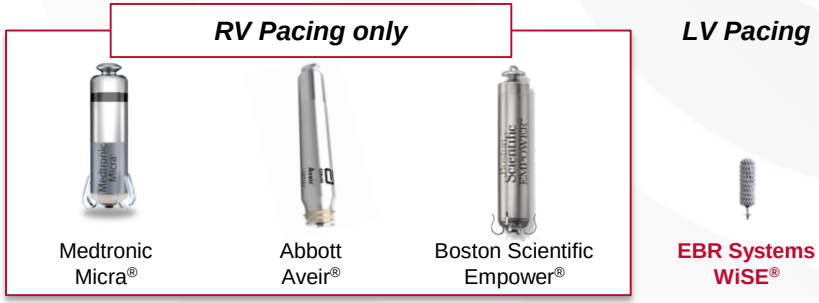
- Medtronic reported US$400m annual sales run rate for Micra® for the March Quarter 2021
- Micra® grew a further 30%-35% in the June Quarter 2021

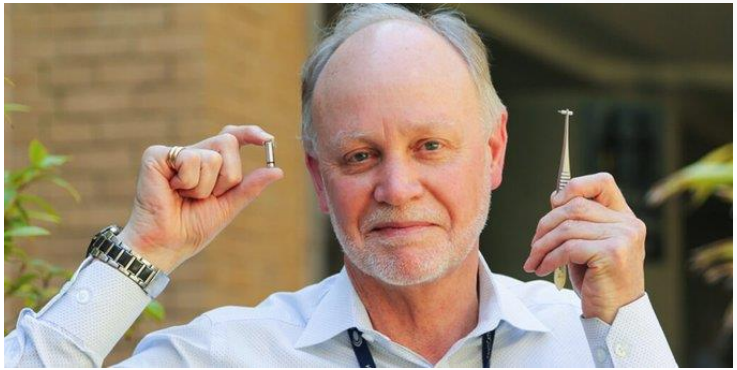
However, the size of leadless pacemakers restricts use to right ventricle (RV) and right atrium (RA) bradycardia pacing

- Too large to completely endothelialise (0.80-1.0cc)
- Interference with valves if placed basally
- Risk of blood clots and size prohibit LV placement

WiSE® is the <u>only</u> leadless solution for LV pacing including CRT and only leadless conduction system pacing (CSP):

- 0.05cc in volume (5% to 6% the volume of other leadless pacemakers)





Dr. Jeffrey Alison, Monash Hospital, Melbourne
Micra on the left, WiSE® held by tweezers on the right.

Extensive clinical experience in multiple trials

Human Feasibility: WiSE CRT = 13 pts

CE Study: SELECT-LV = 35 pts

Post-CE Mark Registry & SAS > 170 pts

SOLVE-CRT Roll-in Study = 31 pts

SOLVE-CRT Pivotal Study = 128 pts

>350

patients

Total human experience to date

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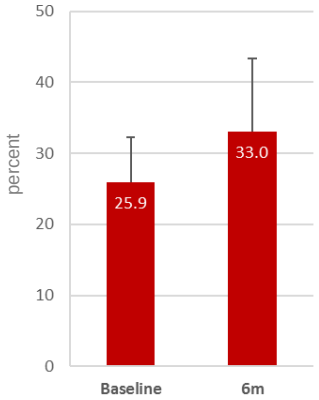
SELECT-LV | WiSE® benefits in failed conventional CRT

94% | OF PATIENTS WHO FAILED CONVENTIONAL CRT ACHIEVED CARDIAC RESYNCHRONISATION AT 6-MONTHS[1]

LV Ejection Fraction

Baseline and 6m

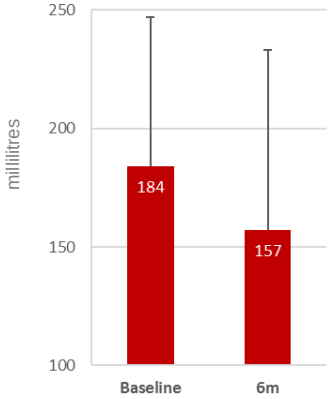


+7.1 ± 8.0%, p = 0.001

Proportion of blood which is pumped out of heart - efficiency

End Systolic Volume

Baseline and 6m

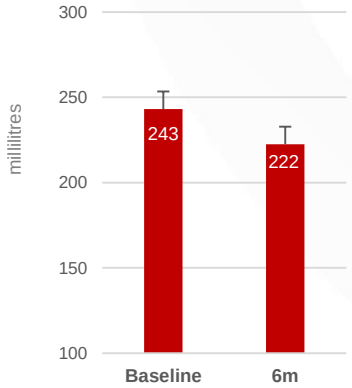


-26.8 ± 45.1 ml, p = 0.007

Volume of blood in heart after a contraction – ability of heart to pump

End Diastolic Volume

Baseline and 6m

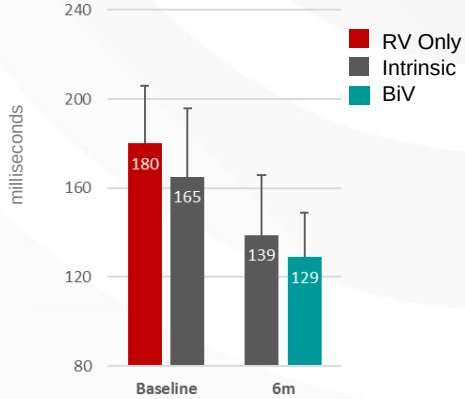


-20.6 ± 41.5 ml, p = 0.02

Volume of blood in heart before a contraction – extent of enlargement

QRS Duration

Baseline and 6m



SELECT-LV: QRS decrease of 51 ms (180 to 129 ms or 28% reduction. N=20)

Timing between different parts of the contraction process

[1] Cardiac Resynchronization Therapy With Wireless Left Ventricular Endocardial Pacing, V.Y. Reddy et al (2017), J. Amer. Coll. Cardiol. 17:2119-29

Registry | Improves heart function in real world setting

Data from 90-patients in the European WiSE® Post Market Surveillance Registry[1]

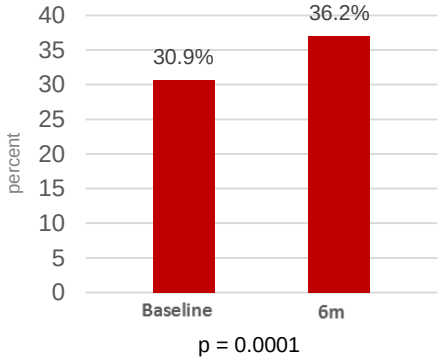
90 PATIENTS

14 CENTERS

94.4% BIVENTRICULAR PACING AT 6 MONTHS

LV Ejection Fraction

Baseline & 6m (n=43)

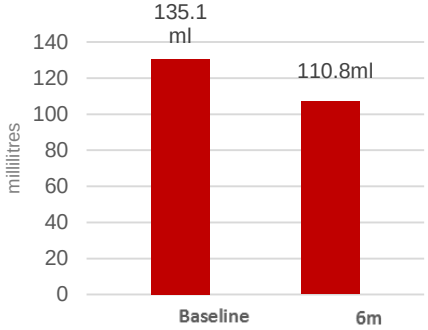


p = 0.0001

Proportion of blood which is pumped out of heart - efficiency

End Systolic Volume

Baseline & 6m (n=43)



p = 0.0001

Volume of blood in heart after a contraction – ability of heart to pump

"Our results suggest that endocardial CRT pacing with this novel pacing system is an effective treatment for a high-risk group of patients with heart failure…"[1]

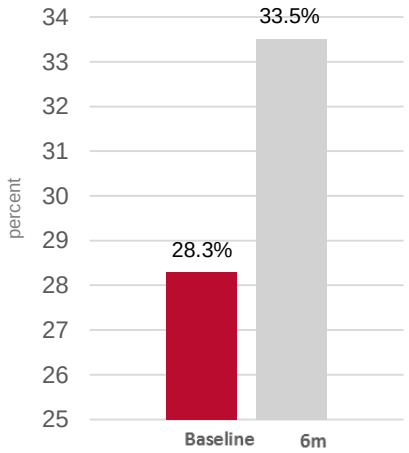
[1] Real-world experience of leadless left ventricular endocardial cardiac resynchronization therapy: A multicenter international registry of the WiSE-CRT pacing system, B.J. Sieniewicz et al (2020) Heart Rhythm 8:1291-1297

SOLVE Roll-in Study | Evidence of cardiac remodeling

Data from 31-patients in the Roll-in study for the pivotal SOLVE clinical trial[1]

LV Ejection Fraction

Baseline and 6m

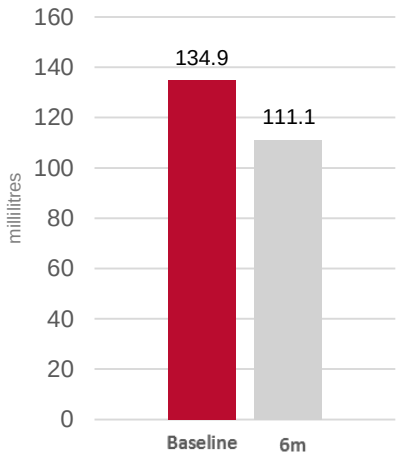


+5.3 ± 5.8%, p < 0.001

Proportion of blood which is pumped out of heart - efficiency

End Systolic Volume

Baseline and 6m

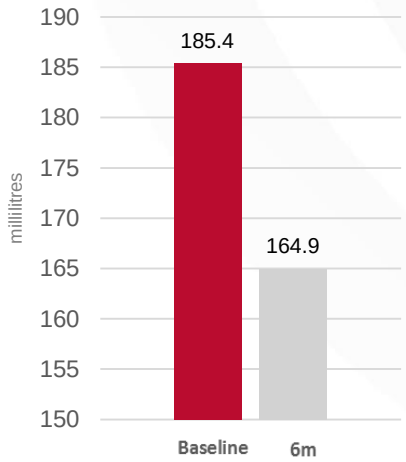


-23.7 ± 31.7 ml, p = 0.004

Volume of blood in heart after a contraction – ability of heart to pump

End Diastolic Volume

Baseline and 6m

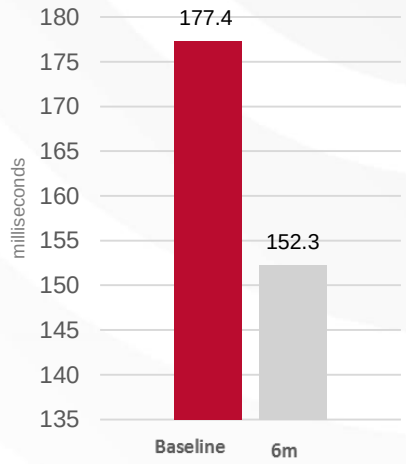


-20.5 ± 31.9 ml, p = 0.0017

Volume of blood in heart before a contraction – extent of enlargement

QRS Duration

Baseline and 6m



-25.1 ± 30.0 ms, p = 0.0002

Timing between different parts of the contraction process

[1] Leadless left ventricular stimulation with WiSE-CRT System – Initial experience and results from phase I of SOLVE-CRT Study (nonrandomized, roll-in phase), T. Okabe et al (2021), Heart Rhythm, doi.org/10.1016/j.hrthm.2021.06.1195

SOLVE Pivotal Study | Currently underway

Randomised Phase n = 108	Single-arm Phase n =75
COMPLETED	**ENROLLING**
	Complete enrolment **H1 2022**
	FDA submission **H1 2023**

Purpose: Assess the safety and effectiveness of the WiSE® System

Design: International, multi-center study following initial 31-patient US roll-in study (completed and published)[1]

Population: Acute lead failures, chronic lead failures, high risk upgrades

Single-arm Phase: single arm, open label targeting enrolment complete H1 2022 and headline data H2 2022

Primary Efficacy Endpoint: >9.3**%** improvement in heart function measured by reduction in left ventricular end systolic volume

Primary Safety Endpoint: <30% patients with device or procedure-related complications

[1] Modified design of Stimulation Of the Left Ventricular Endocardium for Cardiac Resynchronization Therapy (SOLVE-CRT) in non-responders, previously untreatable and high-risk upgrade patients trial, J.P. Singh et al (2021), Am. Heart J. 235:158-162

SOLVE Pivotal Study | Endpoints achieved previously

Previous studies have exceeded the pre-specified Performance Goals (Endpoints) set for the SOLVE trial

Efficacy	**Lead Failures & High-Risk Upgrades** (patients in subgroup)	**End Systolic Volume**[1] (% chg in subgroup)
Select-LV	18 / 35	-19.9%
Post Market Surveillance Registry	47 / 90	-20.9%
SOLVE Roll-in study	15 / 31	-18.5%
Combined Clinical Trials	**80 / 156**	**-20.2%**
SOLVE Trial Performance Goal		**-9.3%**

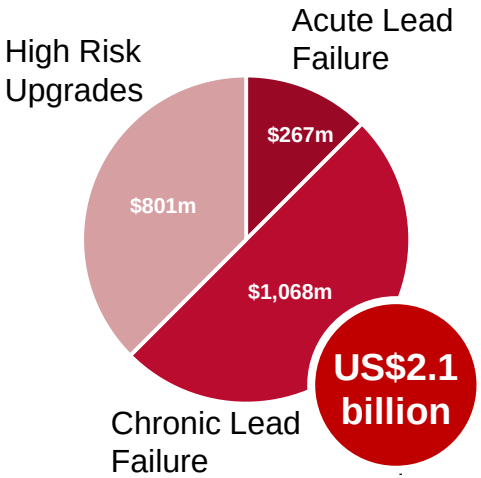
Safety	**Freedom from Type I Complications Rate**
SOLVE Roll-in (N = 31 all patient relevant for safety evaluation)	90.3% (28/31)
SOLVE Trial Performance Goal	**70.0%**

[1] Sub-group analysis conducted by EBR on relevant patients (i.e., acute lead failures, chronic lead failures and high-risk upgrade patients) that will be assessed in the SOLVE clinical trial for the US PMA application

Market expansion opportunity

The WiSE® technology platform can be expanded into other patient groups, increasing EBR's market opportunity and driving sales growth

Initial Addressable Market



Strong market growth for leadless CRM Devices

Additional Clinical Applications

Expansion Opportunity

New Patient Groups, Indications & Geographies

- First-line CRT treatment
- De novo implants for bradycardia and chronic atrial fibrillation
- International expansion

US$7.1 billion

Note: Expanding into any additional clinical indications and/or patient groups may require supporting data from clinical studies, additional regulatory approvals, and establishing payment coverage or reimbursement.

Commercial strategy

Pre-Commercial 2021 & 2022

- Complete SOLVE IDE pivotal trial enrolment in H1 2022
- Continue to support clinical sites and patient implants
- Presentations at high profile cardiology conferences and multiple publications in medical & scientific journals
- Expand payment and reimbursement coverage for WiSE

Initial Commercial Late 2023

- Initial focus on sites with WiSE® experience through clinical trials
- Fast growth opportunities via an expanded direct sales force penetrating high-volume accounts in U.S. Targeting top 200-250 sites that account for 50% of U.S. CRT market
- Launch in select OUS markets as reimbursement coverage is secured
- Initial focus on key opinion leaders at high volume sites in each market

Expansion 2024 & beyond

- Expand use of WiSE® beyond initial target of Lead Failure and High-Risk Upgrade patients
- Leverage growth opportunities from increasing adoption of leadless pacemakers
- Geographic expansion into other markets using distributors

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US sales and distribution platform

Established relationships and infrastructure in US to drive strong initial sales growth

Clinical trial sites to drive sales

Targeting 45 sites in the US IDE trial. Capitalise on existing partnerships with these top CRT sites

- Expansion will target top 200-250 sites, representing > 50% US CRT market
- Top 100 sites in EBR's target OUS markets represent ~40% of the OUS CRT market

Unmet need and strong data

Creation of demand and market awareness in the US from:

- Unmet need underscored by FDA Breakthrough Device designation for WiSE®
- Extensive body of clinical evidence
- Utilise final SOLVE Roll-in results (HRS LBCT & Publication) to drive further demand and awareness
- Well known technology globally with the support of Key Opinion Leaders (KOLs)

Reimbursement & high ASP

Reimbursement - New Technology Add-on Payment (NTAP) expected post FDA approval

- High ASPs
- US WiSE® US$35,000[1]
- RoW WiSE® CRT US$20,000[2]

Specialist sales force established

Strong execution of commercial launch supported by specialised direct sales force

- 8 FT field staff in place with strong clinical and technical expertise of WiSE® System
- Target growth to 35 sales territories by end of 2025

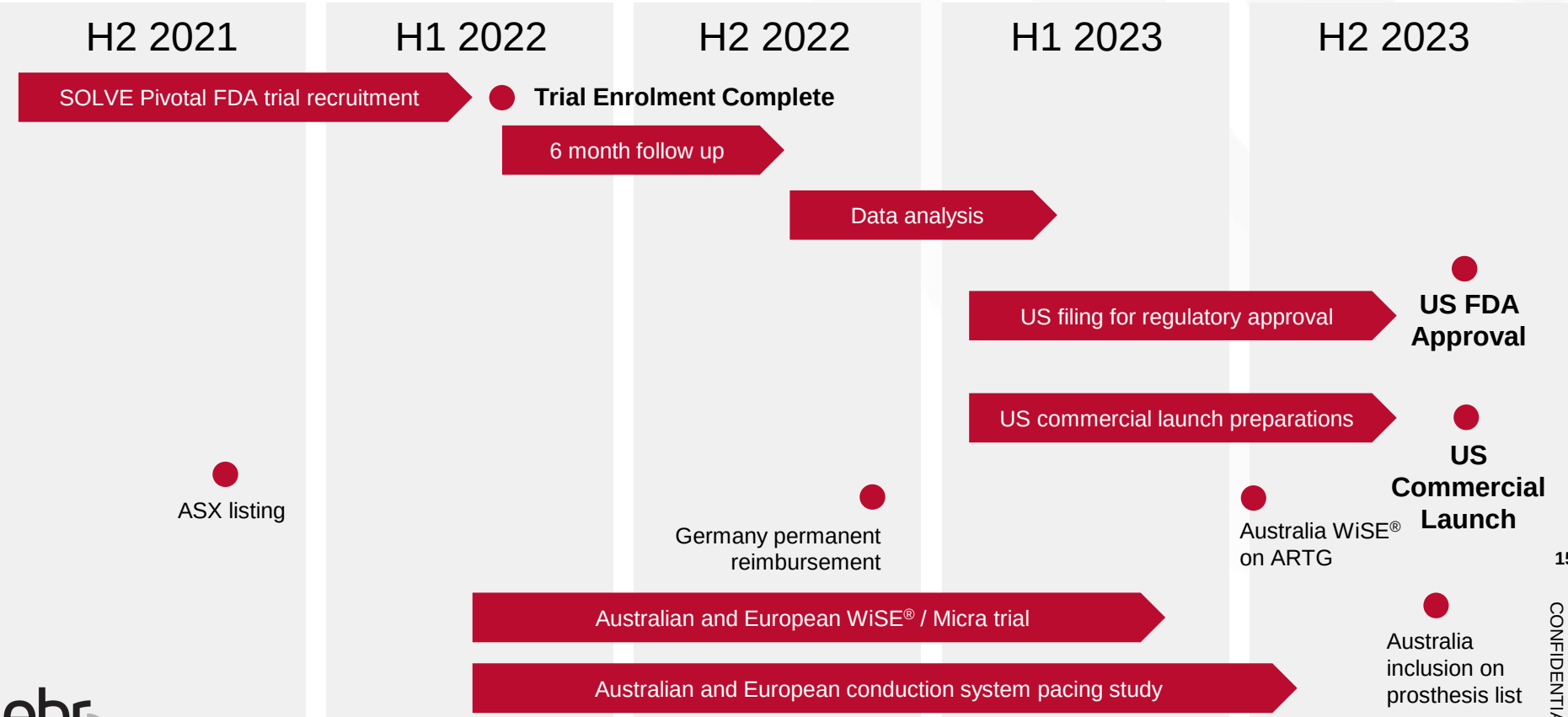
Low hospital adoption barriers

Low barrier for opening new accounts – no capital equipment required and hospital-favorable reimbursement available post-approval

[1] U.S. pricing with New Technology Add-on Payment (NTAP) post-approval

[2] *Initial Phase "RoW Markets" limited to AU, UK, Germany, France, BeNSca*

Regulatory and commercial pathway



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