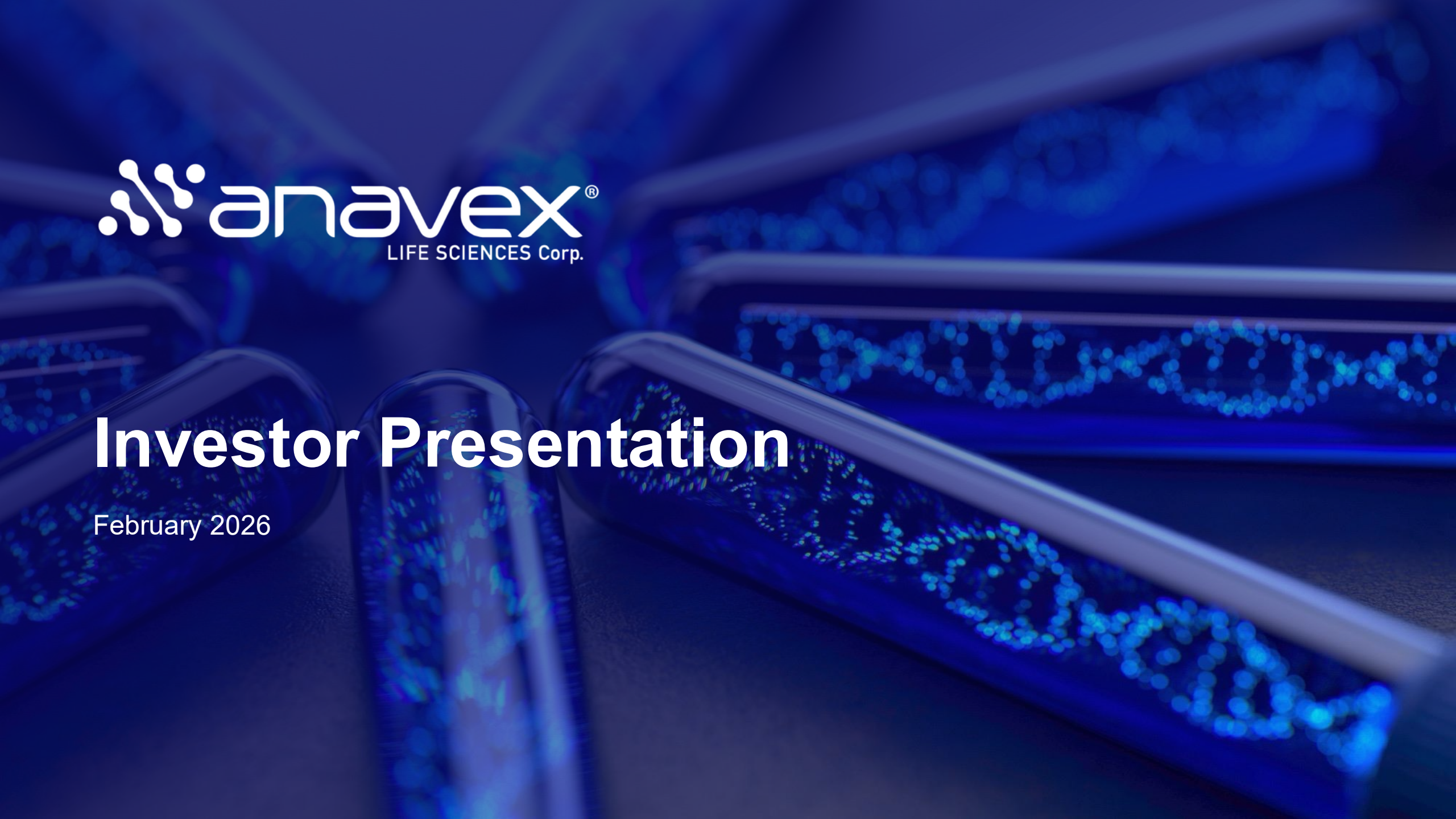

Investor Presentation

February 2026

Forward Looking Statements

This presentation contains forward-looking statements made within the meaning of the Private Securities Litigation Reform Act of 1995 by Anavex® Life Sciences Corp. and its representatives. These statements can be identified by introductory words such as “expects,” “plans,” “intends,” “believes,” “will,” “estimates,” “forecasts,” “projects,” or words of similar meaning, and by the fact that they do not relate strictly to historical or current facts. Forward-looking statements frequently are used in discussing potential product applications, potential collaborations, product development activities, clinical studies, regulatory submissions and approvals, and similar operating matters. Many factors may cause actual results to differ from forward-looking statements, including inaccurate assumptions and a broad variety of risks and uncertainties, some of which are known and others of which are not. Known risks and uncertainties include those identified from time to time in reports filed by Anavex Life Sciences Corp. with the Securities and Exchange Commission, which should be considered together with any forward-looking statement. No forward-looking statement is a guarantee of future results or events, and one should avoid placing undue reliance on such statements. Anavex Life Sciences Corp. undertakes no obligation to update publicly any forward-looking statements, whether as a result of new information, future events or otherwise. Anavex Life Sciences Corp. cannot be sure when or if it will be permitted by regulatory agencies to undertake clinical trials or to commence any particular phase of any clinical trials. Because of this, statements regarding the expected timing of clinical trials cannot be regarded as actual predictions of when Anavex Life Sciences Corp. will obtain regulatory approval for any “phase” of clinical trials. We also cannot be sure of the clinical outcome for efficacy or safety of our compounds. Potential investors should refer to the risk factors in our reports filed on Edgar.

This presentation discusses investigational uses of an agent in development and is not intended to convey conclusions about efficacy or safety. There is no guarantee that any investigational uses of such product will successfully complete clinical development or gain health authority approval.

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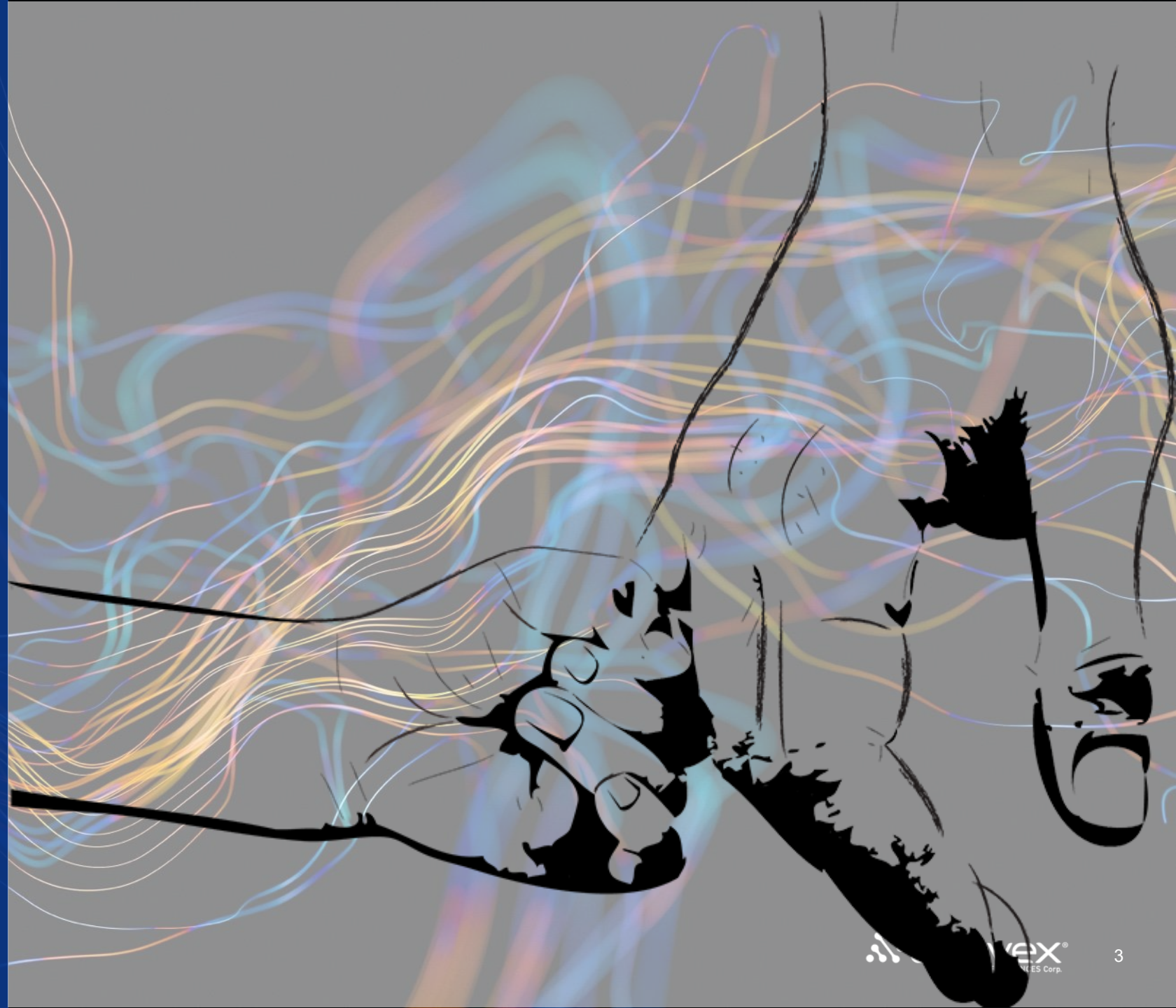
"We are dedicated to advancing brain health by developing innovative oral medicines designed to improve patient lives."

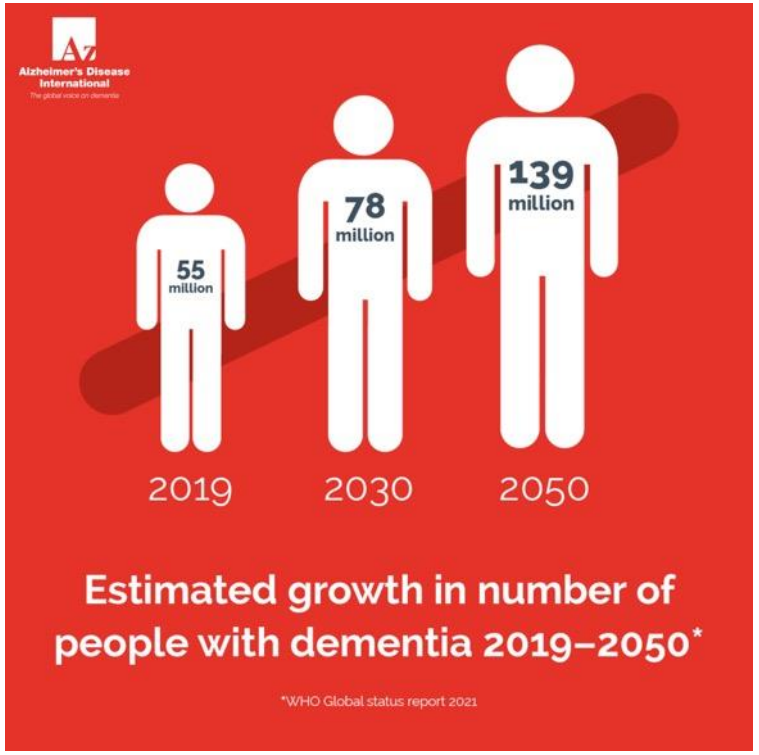


Transforming Brain Health Through Personalized Oral Medicine

- Personalized brain medicine approach
- Broad pipeline with first-in-class potential
- Multiple upcoming milestones
- Patient-oriented therapies, commercially scalable
- Strong IP portfolio
- Experienced management team and advisory board

Alzheimer's – Worldwide Dementia Cases Projected to Reach to 139M by 2050

Addressing growing burden with convenient oral once-daily commercially scalable potential medicine



Anavex to potentially capitalize on significant and growing market opportunity to treat CNS diseases

Source: World Alzheimer's Report; https://www.alzint.org/resource/world-alzheimer-report-2025/

Blarcamesine Clinically Meaningful Improvements On Top Of Standard Of Care[1]

Blarcamesine significantly slowed patient-relevant cognitive decline in Phase IIb/III trial[2]:

- Significantly **slowed clinical progression by 36.3%** at week 48 as well as the prespecified patient group (~70% of population) **by 49.8%** at week 48 on the primary cognitive endpoint ADAS-Cog$_{13}$
- Demonstrated **safety profile** with no associated neuroimaging adverse events—**no deaths** related to study drug
- Significantly **slowed brain volume loss (atrophy)**
- Clinical outcomes also **corroborated by biomarkers**, including plasma Aβ 42/40 ratio

The Journal of Prevention of Alzheimer's Disease 12 (2025) 100016

Contents lists available at ScienceDirect

The Journal of Prevention of Alzheimer's Disease

journal homepage: www.elsevier.com/locate/tjpad

Original Article

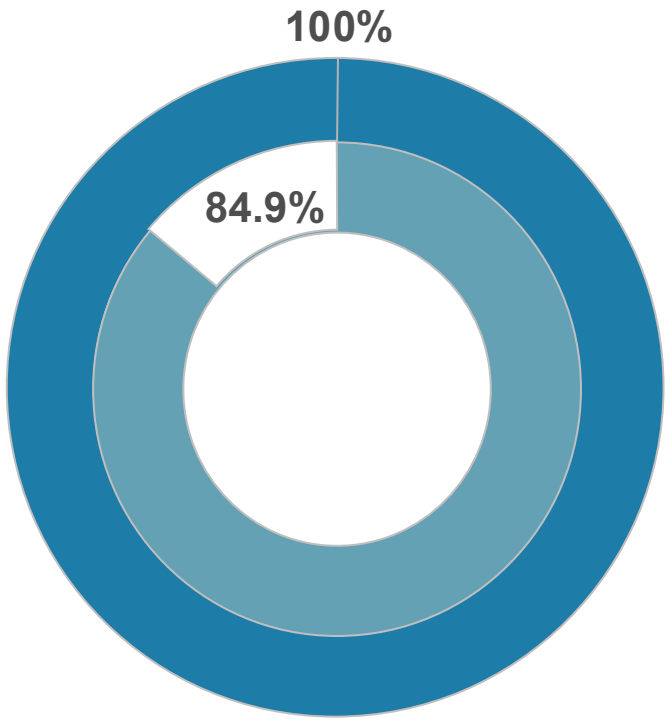
Blarcamesine for the treatment of Early Alzheimer's Disease: Results from the ANAVEX2-73-AD-004 Phase IIB/III trial

Stephen Macfarlane[a], Timo Grimmer[b], Ken Teo[a], Terence J O'Brien[c], Michael Woodward[d], Jennifer Grunfeld[e], Alastair Mander[f], Amy Brodtmann[g], Bruce J. Brew[h], Philip Morris[i], Cathy Short[j], Susan Kurrle[k], Rosalyn Lai[l], Sneha Bharadwaj[m], Peter Drysdale[n], Jonathan Sturm[o], Simon J.G. Lewis[p], David Barton[q], Chris Kalafatis[r], Saif Sharif[s], Richard Perry[t], Nicholas Mannering[u], J.Emer MacSweeney[v], Stephen Pearson[w], Craig Evans[x], Vivek Krishna[y], Alex Thompson[z], Malathy Munisamy[aa], Neel Bhatt[bb], Aliya Asher[cc], Sandra Connell[dd], Jennifer Lynch[ee], Sterre Malou Rutgers[ff], Paul LJ Dautzenberg[gg], Niels Prins[hh], Patrick Oschmann[ii], Lutz Frölich[jj], Pawel Tacik[kk], Oliver Peters[ll], Jens Wiltfang[mm], Alexandre Henri-Bhargava[nn], Eric Smith[oo], Stephen Pasternak[pp], Andrew Frank[qq], Howard Chertkow[rr], Jennifer Ingram[ss], Ging-Yuek Robin Hsiung[tt], Rodney Brittain[uu], Carmela Tartaglia[vv], Sharon Cohen[ww], Luca M Villa[xx], Elizabeth Gordon[xx], Thomas Jubault[yy], Nicolas Guizard[yy], Amanda Tucker[zz], Walter E Kaufmann[zz], Kun Jin[zz], William R Chezem[zz], Christopher U Missling[zz], Marwan N Sabbagh[ab,*]

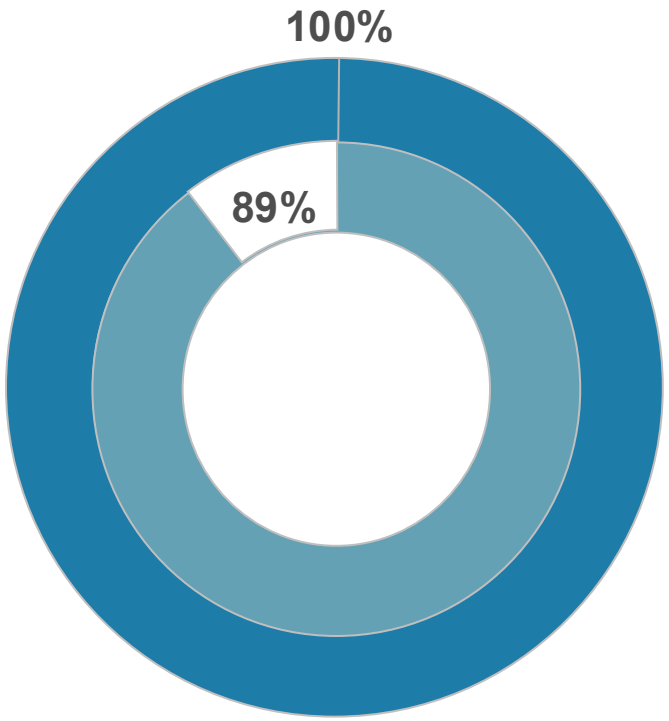
1. *Standard of care: Donepezil, galantamine, rivastigmine, memantine*
2. *Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016.*

Patients and Caregivers: Strong Preference for Oral Treatment

Preference for oral dosage form of disease modifying treatments (DMTs)



Evaluation of the accessibility of oral treatment as 'very convenient'



% of surveyed patients and caregivers[1] agree

European patients and caregivers[2]

Asian patients and caregivers[3]

1. *Alzheimer's disease patients and caregivers.*
2. *Proprietary Anavex Primary Market Research – Patient and Caregiver Adboard Europe November 2025.*
3. *Liu, Shuai et al. "Caregivers' perspectives on lecanemab use for Alzheimer's disease: A national survey in China." Alzheimer's & dementia : the journal of the Alzheimer's Association vol. 21,9 (2025).*

DMTs: Disease Modifying Treatments

Potential to Unlock Substantial Commercial Opportunity to Drive Shareholder Value

- Discussions with regulatory agencies in key markets in progress with the objective to determine potential pathways to obtain marketing authorization
- Broad IP protection in key markets for product candidates up to 2040
- Operations and clinical programs estimated to be funded for >3 years. No debt
- Oral blarcamesine demonstrated slowing of neurodegeneration in Early Alzheimer's Disease and numerical superior comparative clinical safety and efficacy[1]

Blarcamesine: Convenient oral once-daily commercially scalable potential medicine

1. *Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016*

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Broad Portfolio of Potential Cost Effective and Safe Treatments for CNS Conditions

Oral Solid
ANAVEX®2-73 (blarcamesine)

- Alzheimer's Disease
- Parkinson's Disease
- Parkinson's Disease Dementia

Oral Liquid
ANAVEX®2-73 (blarcamesine)

- Rett Syndrome
- Fragile X Syndrome
- Infantile Spasms
- Angelman Syndrome

Oral Solid
ANAVEX®3-71 (AF710B)

- Schizophrenia
- Frontotemporal Dementia (FTD)
- Alzheimer's Disease

Patient Preference
Strong preference for oral therapies over injection routes[1]

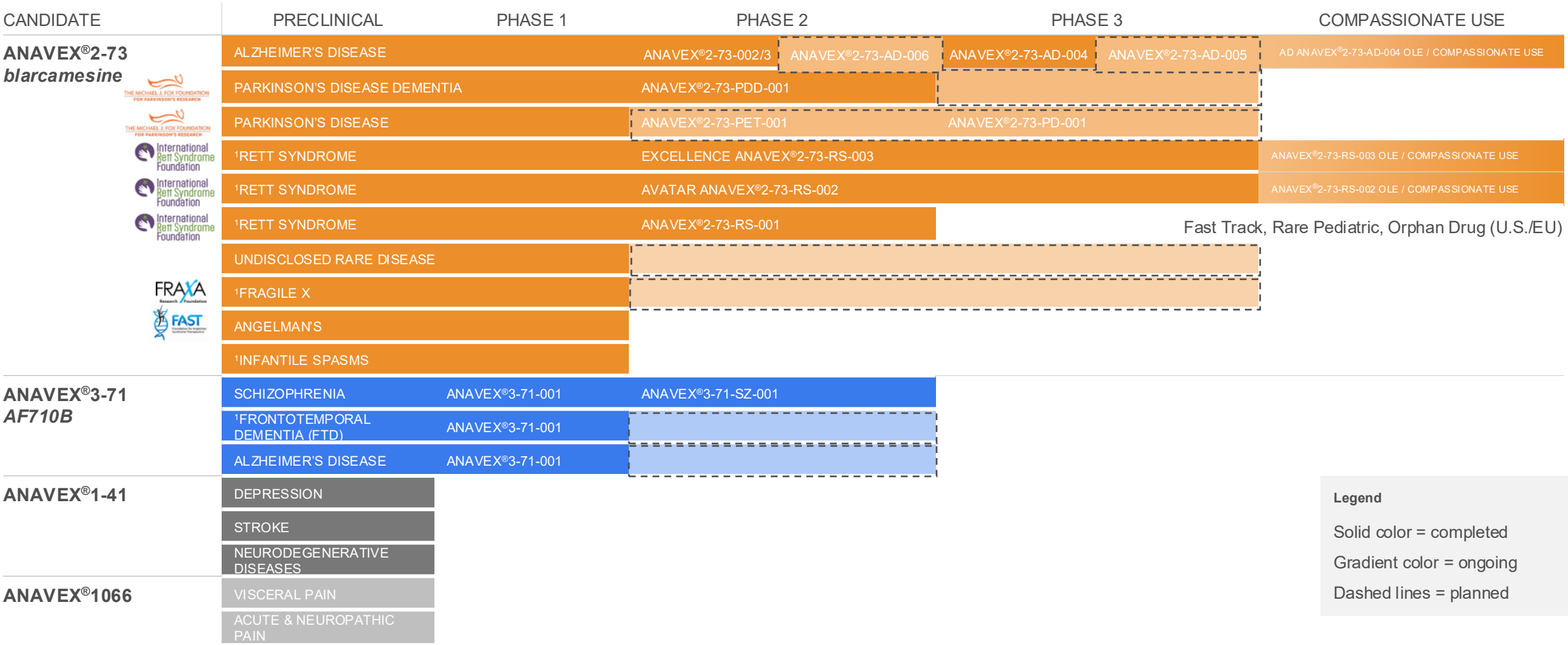
Convenience & Adherence
Oral dosing enhances convenience and may boost adherence, especially in needle-averse patients[2]

Economic Value
Oral small-molecule therapies compared to biologics offer health benefits at significantly lower cost, yielding better cost-effectiveness[3]

Oral candidates offer strong clinical potential compared to costly, complex mAb biologics, which can pose safety concerns

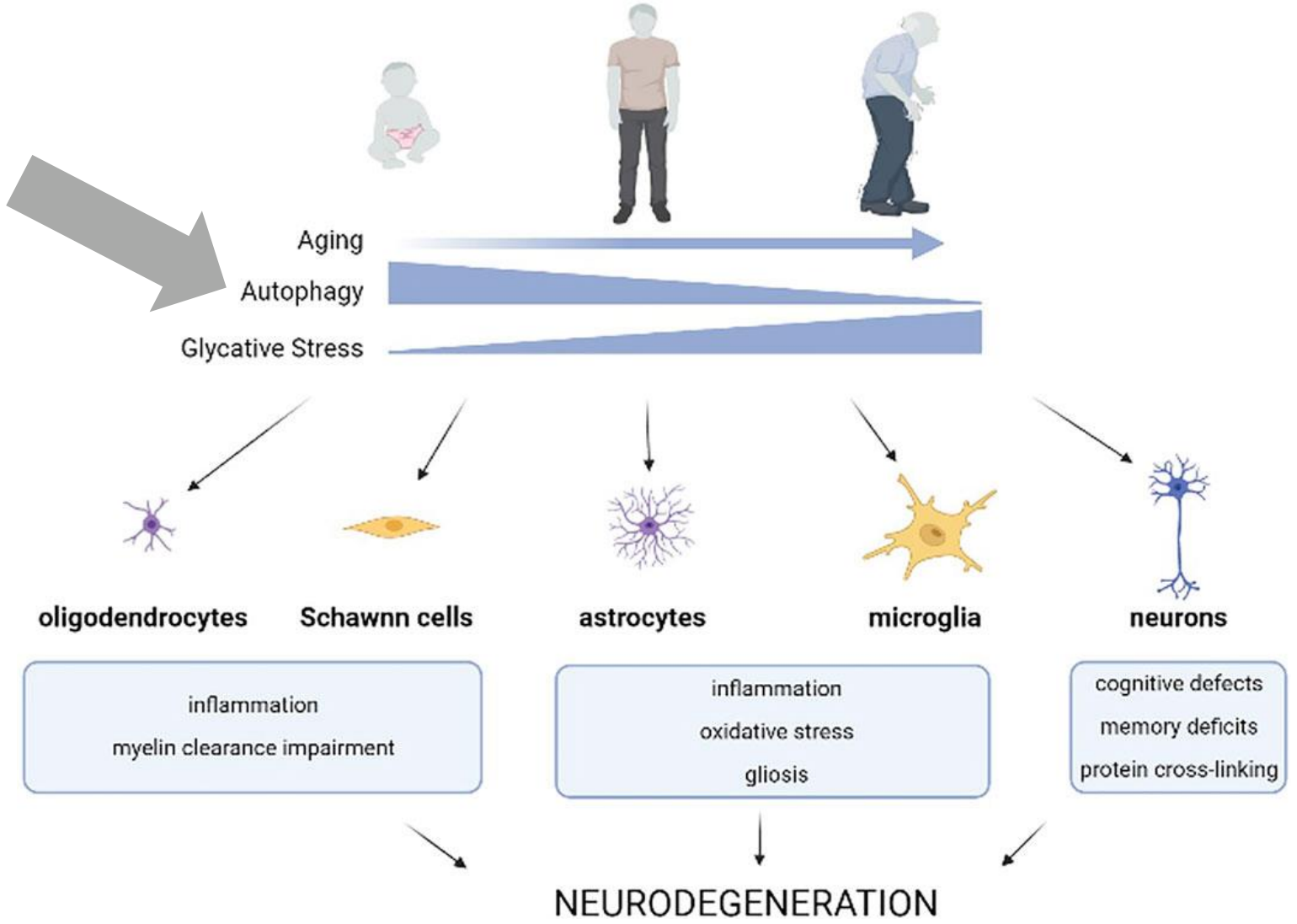
1. Eek, D et al. "Patient-reported preferences for oral versus intravenous administration for the treatment of cancer: a review of the literature." Patient preference and adherence vol. 10 1609-21. 24 Aug. 2016.
2. Smith, SD et al. "Tradeoffs and decision-making in moderate to severe psoriasis for oral versus injectable treatments: data from patients and dermatologists in Australia." The Journal of dermatological treatment vol. 35,1 (2024): 2339440.
3. Clifford, KA et al. "Small-Molecule Drugs Offer Comparable Health Benefits To Biologics At Lower Costs." Health affairs (Project Hope) vol. 43,11 (2024): 1546-1552.

Progressing Pipeline with Multiple Milestones Towards Potential Commercialization



1. *Orphan Drug Designation by FDA*

Autophagy: An Upstream Therapeutic Intervention in Alzheimer's Disease



Neural autophagy weakens with aging, and 'clean-up' diminishes further in patients with neurodegenerative diseases[1,2,3]

Oral blarcamesine acts as a re-activator of neural autophagy

1. Gómez, O et al. "Autophagy and Glycative Stress: A Bittersweet Relationship in Neurodegeneration." Frontiers in cell and developmental biology vol. 9 790479. 23 Dec. 2021;
2. Metaxakis, A et al. "Autophagy in Age-Associated Neurodegeneration." Cells vol. 7,5 37. 5 May. 2018.
3. Caponio, D et al. "Compromised autophagy and mitophagy in brain ageing and Alzheimer's diseases." Aging brain vol. 2 100056. 24 Nov. 2022.

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Autophagy Platform Shows Promise for Advanced Care

Anavex portfolio positioned to target significant unmet medical need across multiple CNS conditions

Achieved

Autophagy through SIGMAR1 activation established as a new platform class

- ☑ **ANAVEX®3-71:** Publication Phase 1 clinical trial
- ☑ **Parkinson's disease dementia:** Data of 48-week OLE Phase 2 study
- ☑ **Alzheimer's disease:** Data from the blarcamesine Phase 2b/3 ANAVEX®2-73-AD-004 trial to be published in peer-reviewed journal
- ☑ **Alzheimer's disease:** Analysis of DNA / RNA sequencing of the Phase 2b/3 data
- ☑ **Alzheimer's disease:** ATTENTION-AD OLE 96/144-week Top-line trial data
- ☑ **Schizophrenia:** Top-line data of ANAVEX®3-71 Phase 2 clinical trial

Near Term

Autophagy through SIGMAR1 technology to succeed traditional modalities

- ☐ **Alzheimer's disease:** Regulatory re-examination of blarcamesine in Europe (EMA) in H1 2026
- ☐ **Alzheimer's disease:** Initiation of clinical prediction study of once-daily oral blarcamesine
- ☐ **Parkinson's disease:** Initiation of ANAVEX®2-73 imaging-focused trial or Phase 2b/3 >6 months trial
- ☐ **Fragile X:** Initiation of ANAVEX®2-73 Phase 2/3 clinical trial
- ☐ **New Rare disease:** Initiation of ANAVEX®2-73 Phase 2/3 clinical trial
- ☐ **Publication Alzheimer's disease:** Precision Medicine ABCLEAR populations of the ANAVEX®2-73-AD-004 Phase 2b/3 trial
- ☐ **Publication Alzheimer's disease:** COL24A1 gene impacts effectiveness of autophagy-enhancing blarcamesine in early Alzheimer's disease
- ☐ **Publication Fragile X:** Blarcamesine corrects EEG biomarkers of cortical dysfunction in a mouse model of fragile X syndrome

Long Term

Potential expansion into future opportunities with Autophagy activation

- Expanded CNS indications
- Regenerative medicine[1]
- Disease prevention[2]

1. 1 K. Ruscher, T. Wieloch, *The involvement of the sigma-1 receptor in neurodegeneration and neurorestoration, Journal of Pharmacological Sciences, Volume 127, Issue 1, 2015, Pages 30-35, ISSN 1347-8613, https://doi.org/10.1016/j.jphs.2014.11.011.*
2. *L. Nguyen et al., Role of sigma-1 receptors in neurodegenerative diseases, Journal of Pharmacological Sciences, Volume 127, Issue 1, 2015, Pages 17-29, ISSN 1347-8613, https://doi.org/10.1016/j.jphs.2014.12.005.; CNS: Central Nervous System*

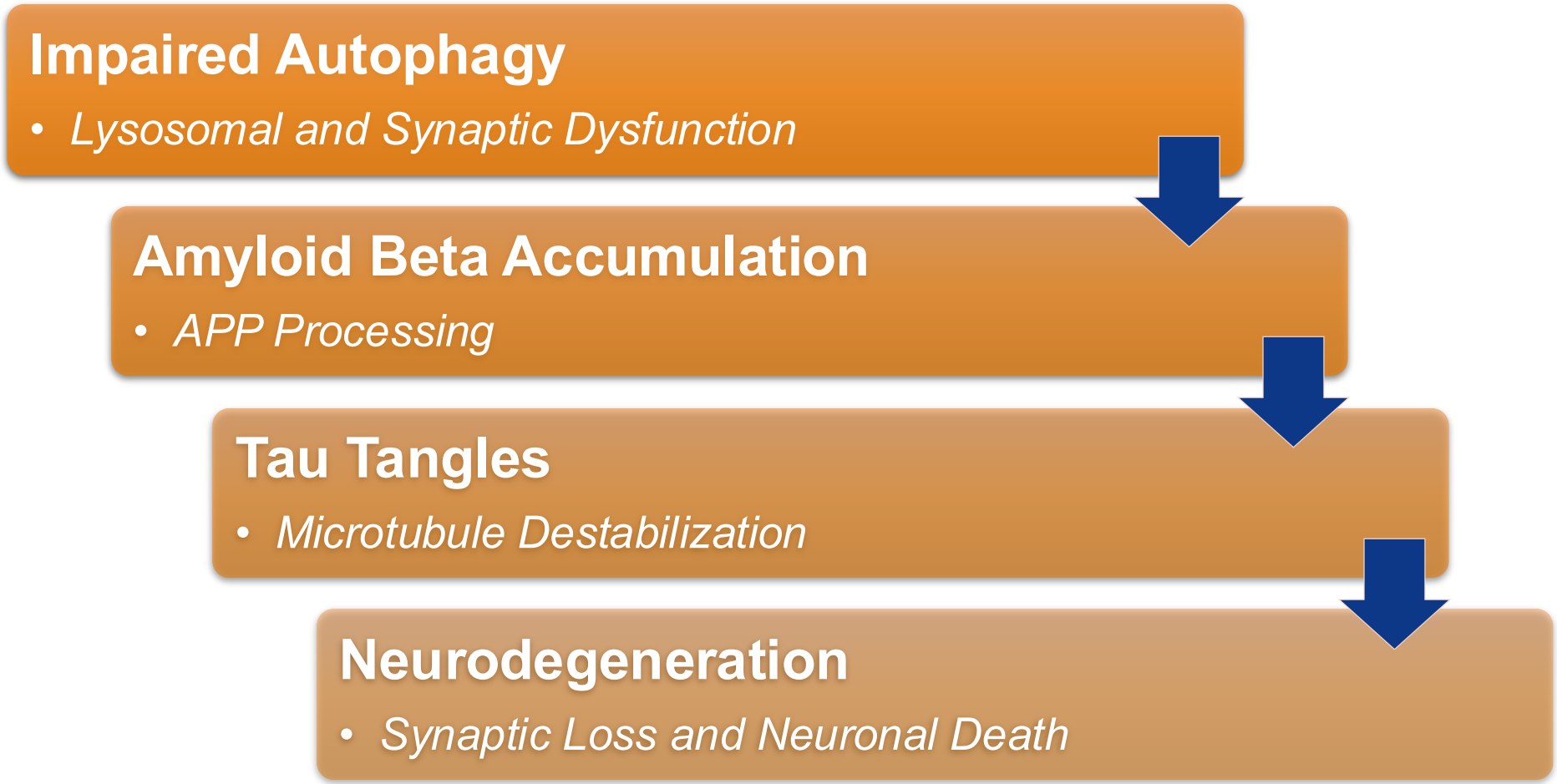
Phase IIb/III

Oral Blarcamesine for Early Alzheimer’s Disease

Mechanism of Oral Blarcamesine in Early Alzheimer’s Disease

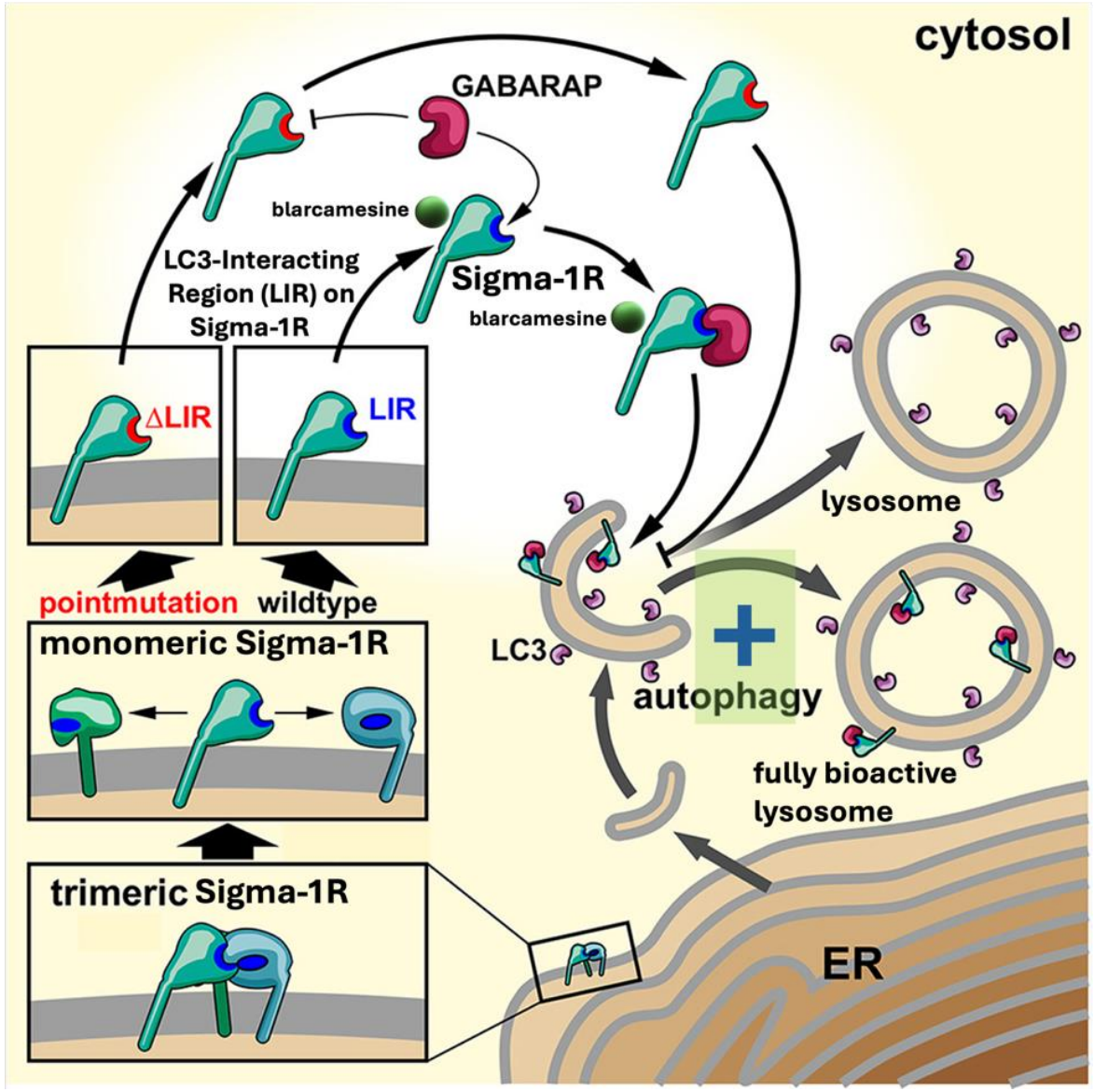
Alzheimer's Disease Progression

Impairment of autophagy precedes both amyloid beta and tau tangles, and therefore anticipates the neurodegenerative process in Alzheimer's disease[1,2]



1. Christ MG, Clement AM, Behl C. The Sigma-1 Receptor at the Crossroad of Proteostasis, Neurodegeneration, and Autophagy. Trends Neurosci. 2020 Feb;43(2):79-81.
2. Chen, J., He, HJ., Ye, Q. et al. Defective Autophagy and Mitophagy in Alzheimer's Disease: Mechanisms and Translational Implications. Mol Neurobiol 58, 5289–5302 (2021).

Blarcamesine Mechanism of Action Enhanced-Restored Autophagy[1]



GABARAP: key autophagy protein

LC3: key autophagy protein

blarcamesine

LC3: microtubule-associated protein 1 light chain 3

LIR: LC3-Interacting Region

ΔLIR: pointmutation of LIR

ER: Endoplasmic Reticulum

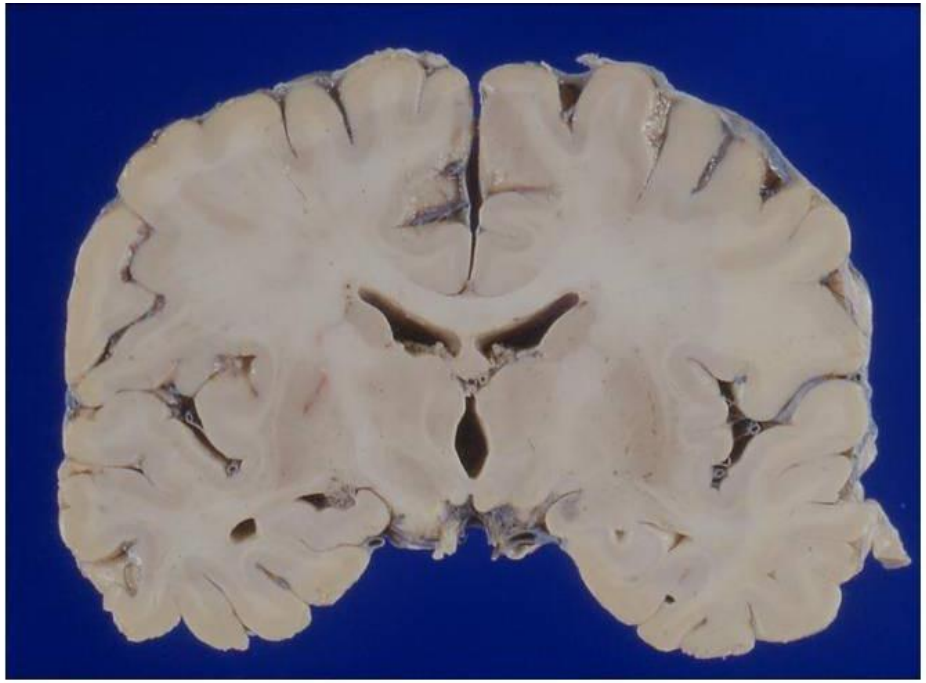
+: Switch-on of autophagy with blarcamesine activated Sigma-1R (SIGMAR1)

RESTORED – ENHANCED AUTOPHAGY

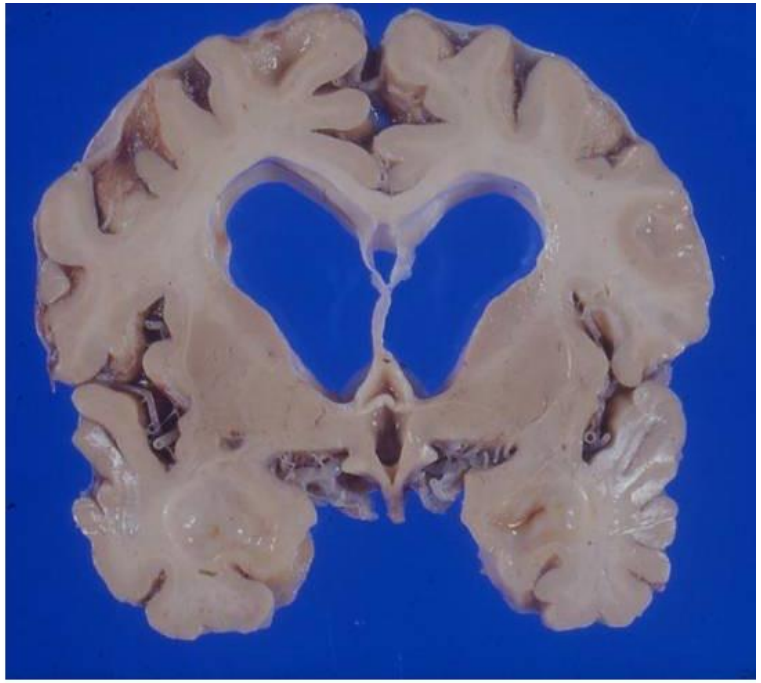
1. Baeken, MW et al. "Conserved LIR-specific interaction of Sigma-1 receptor and GABARAP." iScience vol. 28,9 113287. 5 Aug. 2025.

Alzheimer's Disease Pathology Manifested in Volume Loss (Atrophy) of the Brain

Brain volume loss (atrophy) in Alzheimer's disease[1]



NORMAL

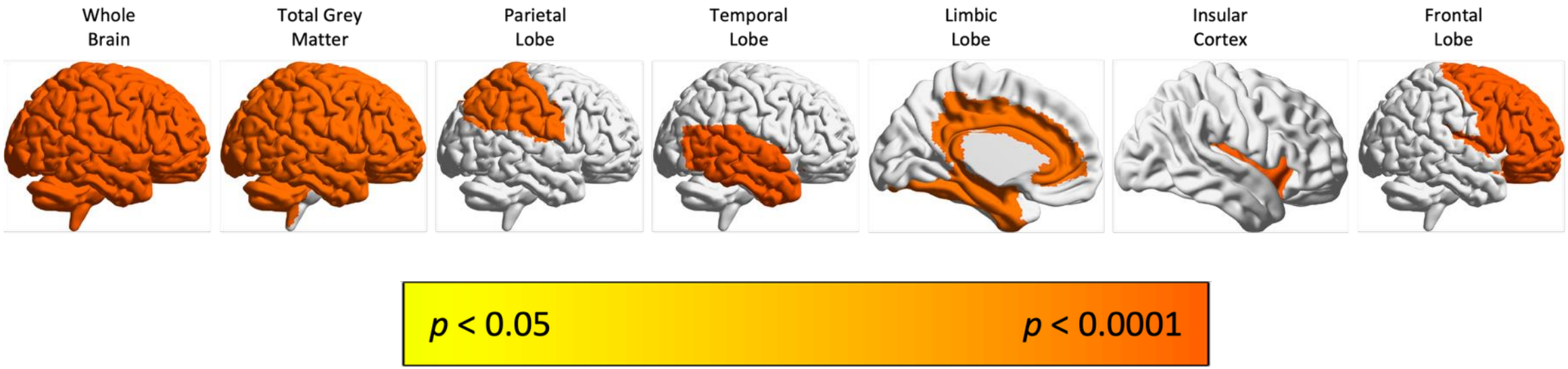


ALZHEIMER'S DISEASE

1. *Exemplified by defying dememtia lancaster.ac.uk/defyingdementia*

Reduced Atrophy of the Brain in Blarcamesine-treated Patients Compared to Placebo

Significant slowing of atrophy in broad brain regions after 48 weeks of treatment[1]

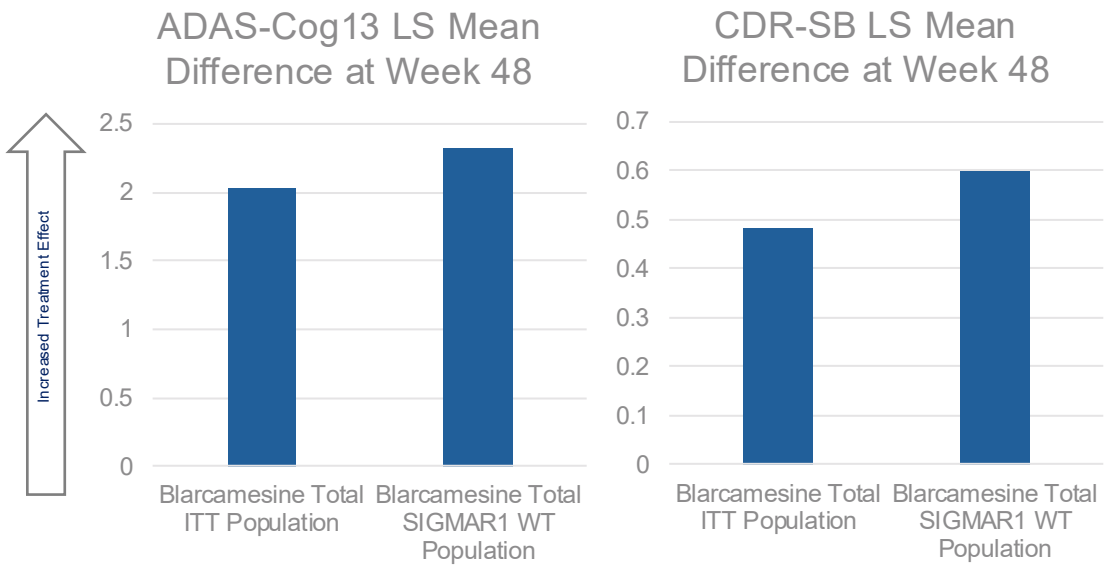


1. Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016.

Clinical Oral Blarcamesine Early Alzheimer's Disease Program

AD-004 Phase IIb/III Early Alzheimer's Disease Trial

Global, multi-center, double-blinded, placebo-controlled, parallel group, 48-week trial of once-daily oral blarcamesine[1]



Difference from Placebo	**-2.027**	**-2.317**	**-0.483**	**-0.601**
P Value	**0.0079**	**0.0149**	**0.0104**	**0.012**
% Difference	**36.3%**	**49.8%**	**27.6%**	**33.7%**

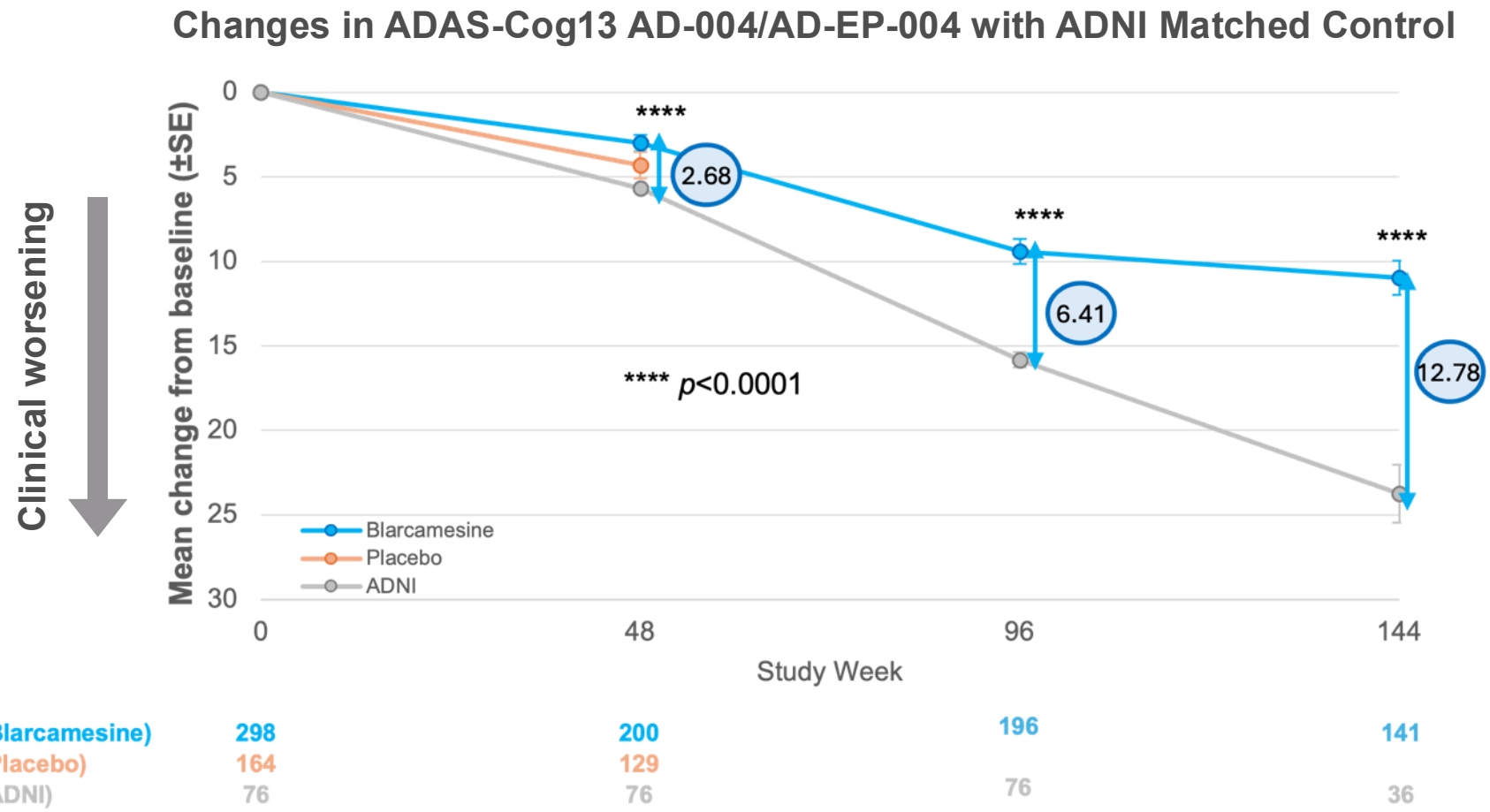
- Enhanced clinical benefit of pre-specified **SIGMAR1 Wild Type** (WT) population—validating MoA
- **Consistent safety profile**—no new safety findings observed with over 4 years of treatment
- Titration adjustment demonstrate **manageable nature** of the most frequent TEAE (dizziness)
- **No associated neuroimaging adverse events** and no deaths related to study drug

ADAS-Cog13 differences larger than 2 points are considered clinically meaningful improvements[2]

1. *AD status supported by the elevated baseline levels of plasma p-Tau(181) and p-Tau(231); With the March 2024 FDA Guidance for Early AD, a sole cognitive measure can serve as the primary endpoint for early AD trials; The co-primary outcome was met under the multiplicity control rule, since the differences in the least-squares mean (LSM) change from baseline to 48 weeks between the blarcamesine and placebo groups for ADAS-Cog13 was significant at a level of P < 0.025 and for CDR-SB was significant at a level of P < 0.025, while ADCS-ADL did not reach significance at Week 48.*
2. *Muir RT et al. Minimal clinically important difference in Alzheimer's disease: Rapid review. Alzheimers Dement. 2024;20(5):3352-3363.*

ADAS-Cog13, a 13-item cognitive subscale of the Alzheimer's Disease Assessment Scale; ADCS-ADL, AD Cooperative Study-Activities of Daily Living Scale; CDR-SB, Clinical Dementia Rating-Sum of Boxes.

Significant Therapeutic Benefit of Blarcamesine Compared to ADNI Control Group over 144 Weeks



Mean +/- SE of Change from Baseline ADAS-Cog13 Total Score DB/OLE ITT Population and Alzheimer's Disease Neuroimaging Initiative (ADNI) Matched Control

Extending the Dignity of Aging

Extended Time Saved[1]:

- Patient-relevant outcome
- Providing sustained patient benefit by maintaining functionality and independence

77.4 weeks (17.8 months) time saved with oral blarcamesine compared to ADNI control group

1. *'Time saved' analysis of the ITT population ANAVEX2-73-AD-004/ ANAVEX2-73-AD-EP-004 trials compared to the matched ADNI control group.*

Future: Potential Prophylactic Effect of Blarcamesine[1]

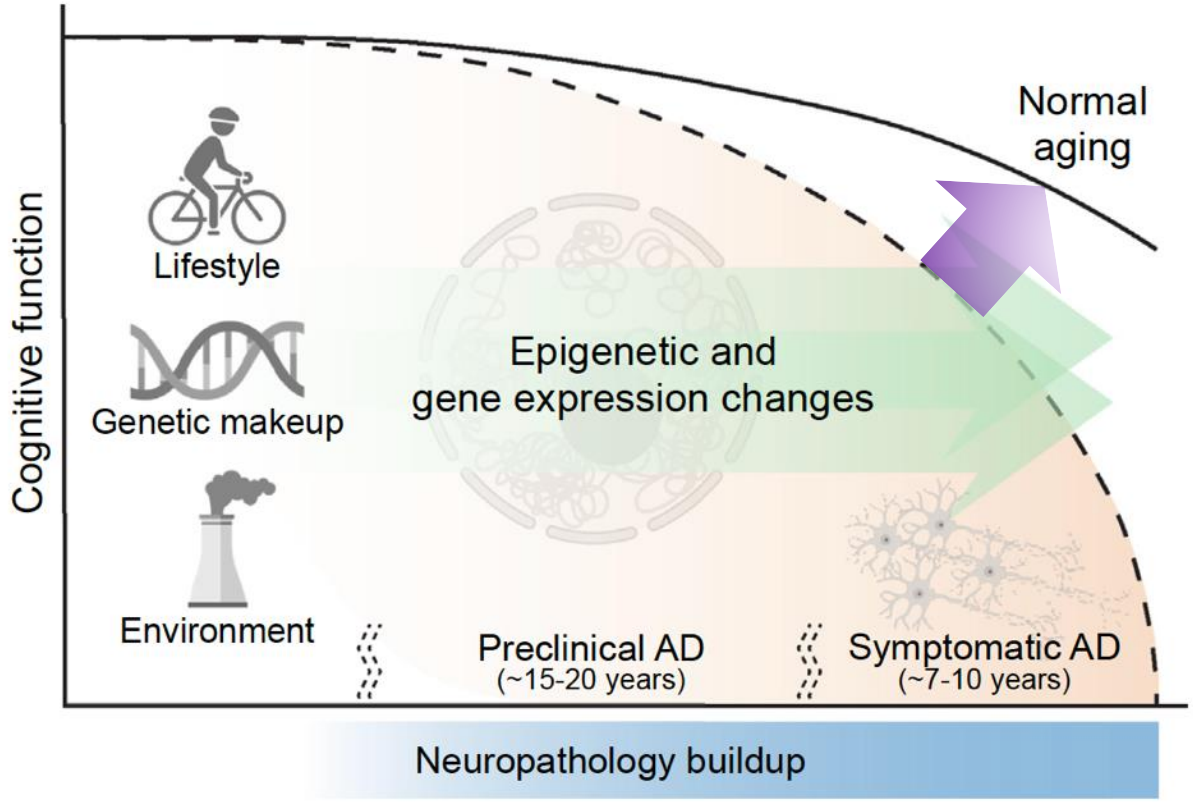
- Blarcamesine demonstrated to be a potentially preventive treatment in the pharmacological model of Alzheimer's disease
- Blarcamesine significantly prevented aβ (abeta)-induced cognitive deficits with confirmed significant biomarker-response in an animal model of Alzheimer's disease
- Blarcamesine significantly and dose-dependently prevented Aβ25-35-induced biomarker-correlated cognitive impairments, which were assessed one week after the Aβ (abeta) insult during which no further blarcamesine treatment took place

Blarcamesine: Convenient oral once-daily commercially scalable potential medicine

1. *Maurice, T. Prevention of memory impairment and hippocampal injury with blarcamesine in an Alzheimer's disease model. Neuroscience letters, 138349. Aug. 2025.*

Precision Medicine Approach with Oral Blarcamesine in Early Alzheimer's Disease

Ambition of New Precision Medicine Approach: Approximating Normal Cognitive Decline as in Healthy Aging Adults

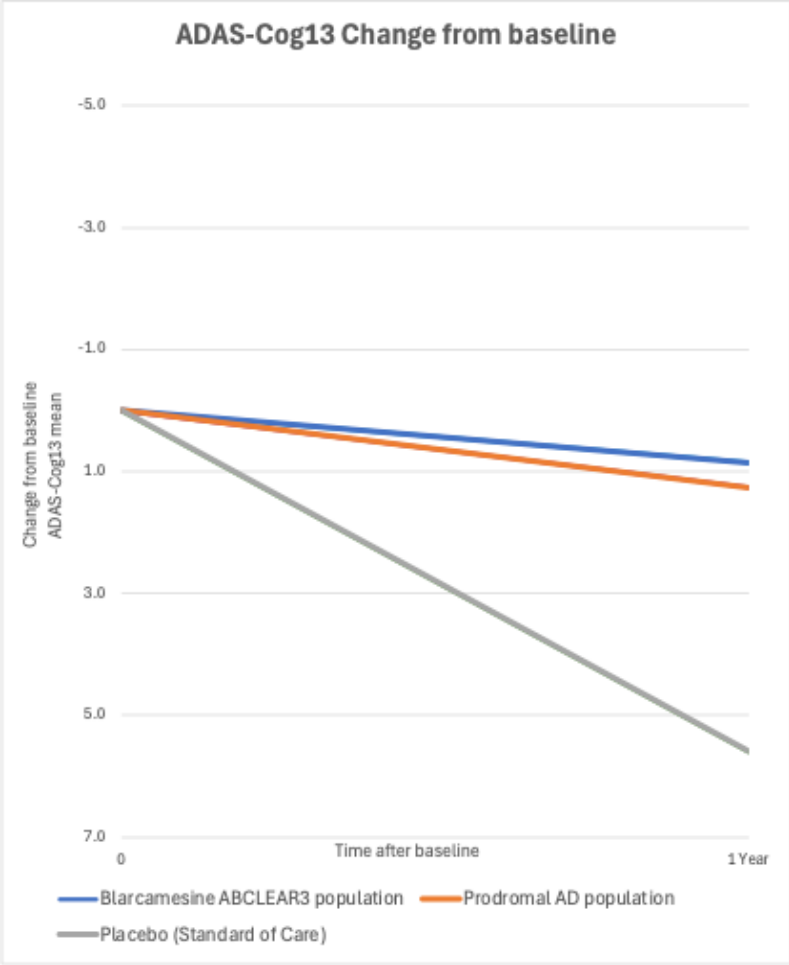


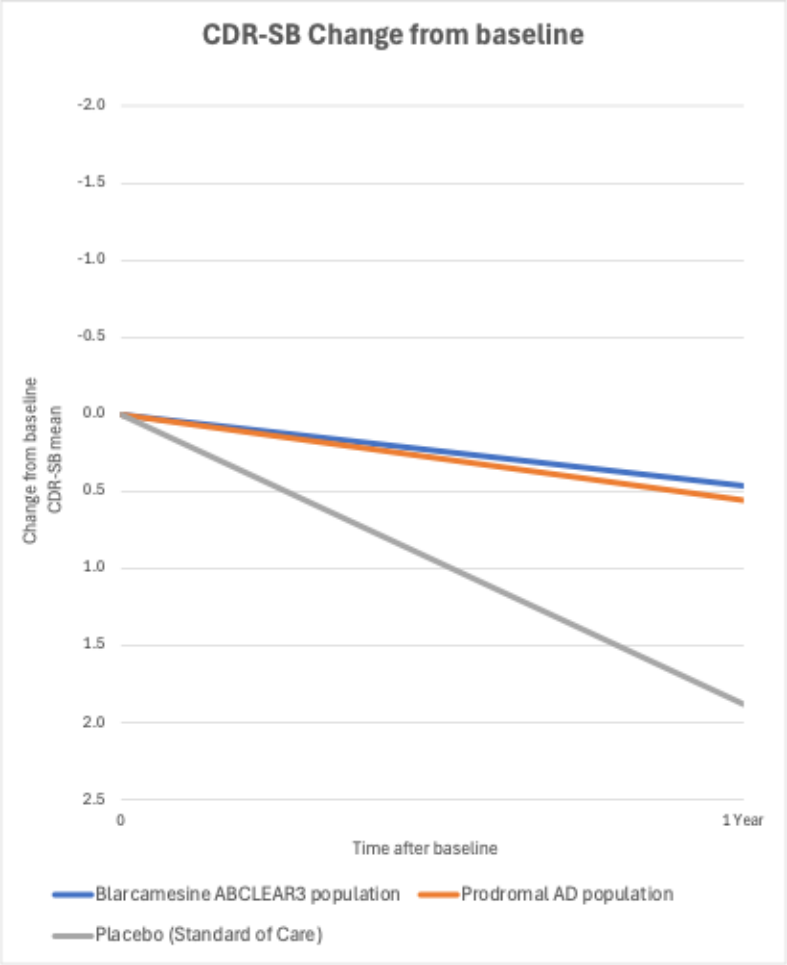
- Highly heterogeneous and complex Alzheimer's pathology supports **Precision Medicine** approach
- Strong effect in identified SIGMAR1 WT population **(~70%)**[1,2]
- Autophagy mechanism **specific to blarcamesine**

Source: Gouveia Roque C, Phatnani H, Hengst U. The broken Alzheimer's disease genome. Cell Genom. 2024;4(5):100555

1. *Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016*
2. *https://www.medrxiv.org/content/10.1101/2025.09.27.25336656v1.full.pdf.*

Blarcamesine's Potential to Match Barely Detectable Prodromal Alzheimer's Disease Decline

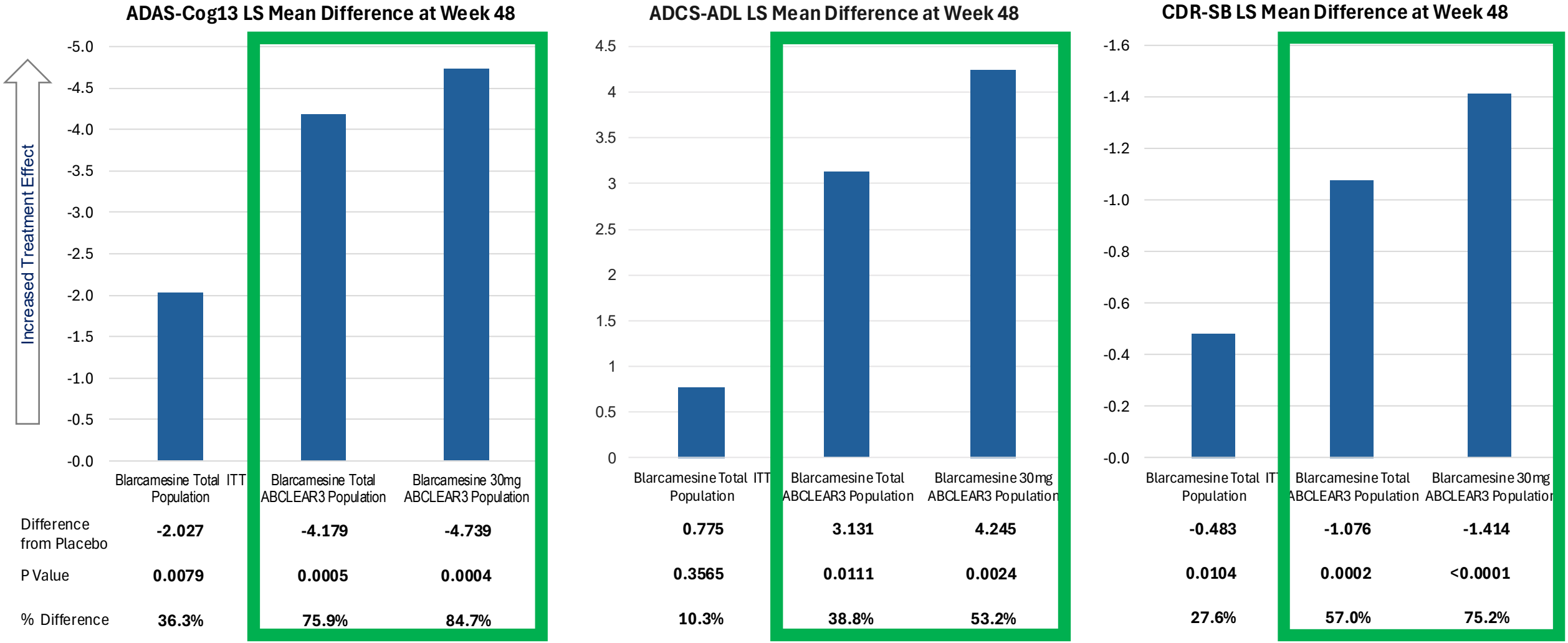




- Cognitive outcomes observed in the oral blarcamesine 30mg Precision Medicine ABCLEAR3 cohort, **similar to** referenced **barely detectable** prodromal AD decline[1,2]
- Strong treatment effect despite greater AD baseline impairment in blarcamesine cohort[3]
- Reaching up to **84.7% clinical benefit** compared to placebo moving toward normal aging profiles

1. *ABCLEAR3 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variants non-carrier population (SIGMAR1 wild type [WT]/COL24A1 wild type [WT]).*
2. *McDougall, F et al. "Psychometric Properties of the Clinical Dementia Rating - Sum of Boxes and Other Cognitive and Functional Outcomes in a Prodromal Alzheimer's Disease Population." JPAD. vol. 8,2 (2021): 151-160.*
3. *Baselines blarcamesine ABCLEAR3 population: ADAS-Cog13: 28.4; CDR-SB: 4.02; Baselines Prodromal AD population: ADAS-Cog13: 23.22; CDR-SB: 2.11.*

Unprecedented Blarcamesine Effect Size Over Placebo in Large Specific Genetic Population



ITT = Intent-to-Treat population (100% population)
ABCLEAR1 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variant non-carrier population (SIGMAR1 wild type [WT]) (~70% of total population)
ABCLEAR2 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variant non-carrier population (COL24A1 wild type [WT]) (~71% of total population)
ABCLEAR3 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variants non-carrier population (SIGMAR1 wild type [WT]/COL24A1 wild type [WT]) (~50% of total population) Source: https://www.medrxiv.org/content/10.1101/2025.09.27.25336656v1.full.pdf

Patient-Oriented Benefit: Self-Assessed Quality Of Life (QoL-AD) for Individuals with Alzheimer's Disease

QoL-AD: What it measures:

Physical health: Overall physical well-being.

Energy: Level of energy and vitality.

Mood: Emotional state and feelings.

Living situation: Satisfaction with where the person lives.

Memory: Cognitive function and memory abilities.

Family: Quality of relationships with family members.

Marriage/Significant other: Satisfaction with the relationship with a partner.

Friends: Quality of social relationships with friends.

Self as a whole: Overall self-perception and self-esteem.

Ability to do chores: Capacity to perform household tasks.

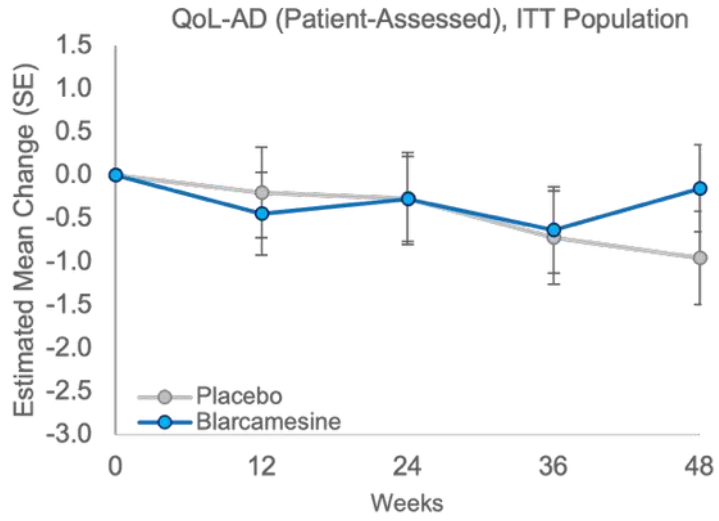
Ability to do things for fun: Enjoyment of leisure activities.

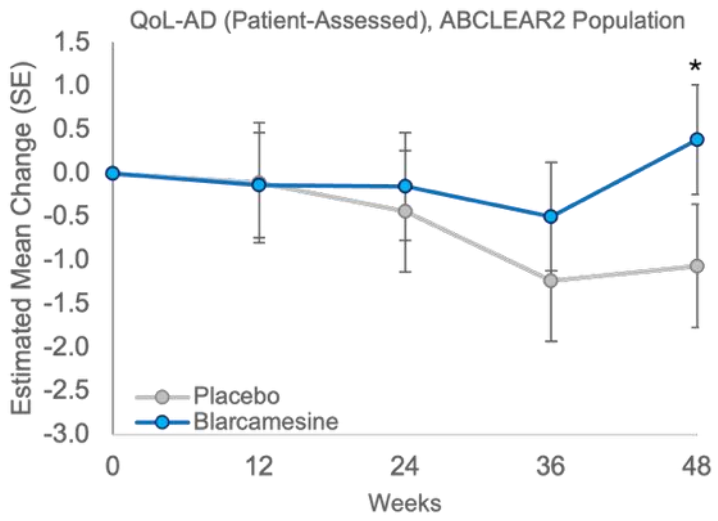
Money: Financial well-being.

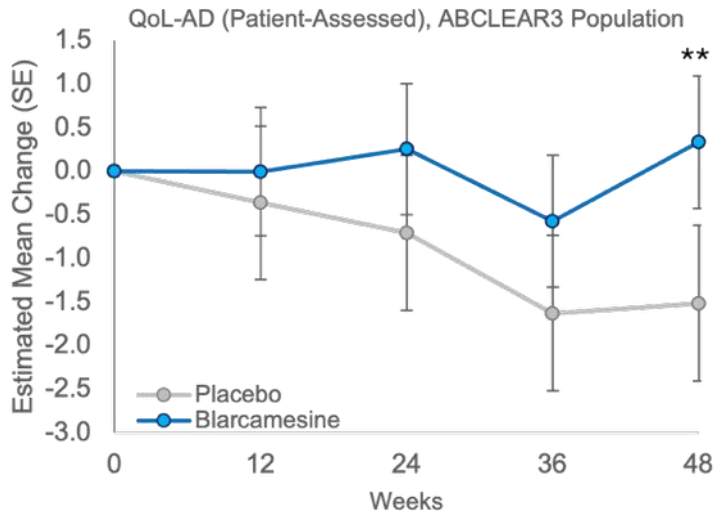
Life as a whole: Overall satisfaction with life.

Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC5312555/

Improvement in Self-Assessed QoL-AD Above Baseline with Blarcamesine Increases in the Precision Medicine Cohorts







Blarcamesine (n)	298	239	206	191	194	(n)	228	184	155	149	150	(n)	156	129	113	109	108
Placebo (n)	164	146	129	123	123	(n)	108	93	87	84	82	(n)	66	62	58	57	56

ITT = Intent-to-Treat population (100% population), all available data points
ABCLEAR1 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variant non-carrier population (SIGMAR1 wild type [WT]) (~70% of total population)
ABCLEAR2 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variant non-carrier population (COL24A1 wild type [WT]) (~71% of total population)
ABCLEAR3 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variants non-carrier population (SIGMAR1 wild type [WT]/COL24A1 wild type [WT]) (~50% of total population)

Clinical efficacy endpoints were analyzed using mixed model for repeated measures (MMRM) estimates for the least-squares mean change from baseline at 12, 24, 36, and 48 weeks, with error bars representing standard error (SE).
*The number of all trial participants with available results at each visit is noted beneath the x axis. Asterisks indicate statistically significant differences, where *: $p < 0.05$; **: $p < 0.01$.*

Source: https://www.medrxiv.org/content/10.1101/2025.09.27.25336656v1.full.pdf

Convenience of Blarcamesine in Early Alzheimer’s Disease

Patients *and* Families Continue to be the Center and Focus

Advantage for patient

- Allowing direct access to new oral treatment
- Focus on individual patient preference

Advantage for family

- Less stress for caregivers and less financial strain
- No impact on own work schedule

Advantage for physician

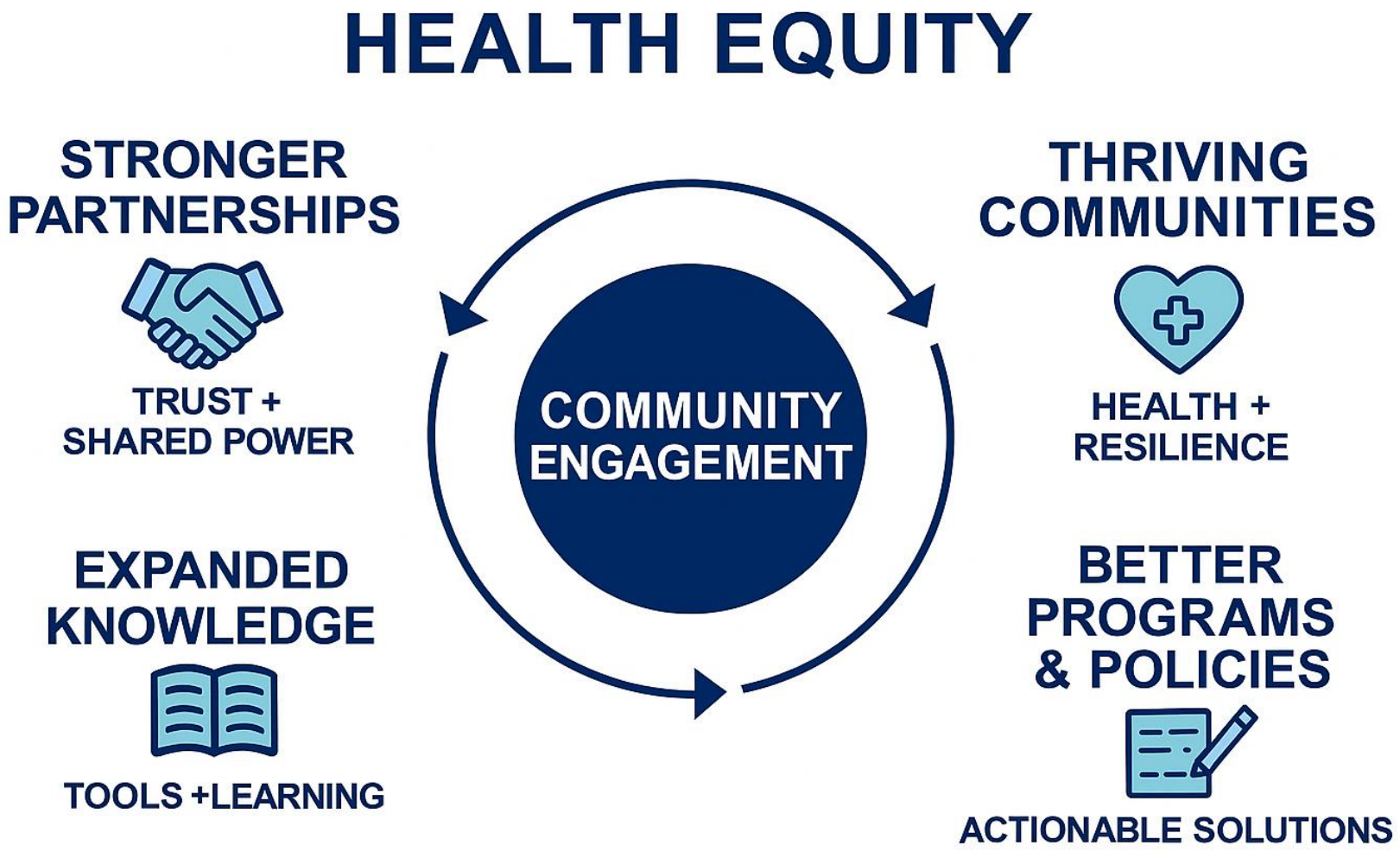
- Streamlined workflow

Simplified patient care with oral therapy: No PET, no MRI, and no lumbar puncture

Large Patient-oriented, Identified, Accessible Opportunities

Addressing Actionable Patient Accessibility

Examining innovative strategies to effectively engage patients, providers and payers



Adapted from https://nam.edu/assessing-meaningful-community-engagement-a-conceptual-model-to-advance-health-equity-through-transformed-systems-for-health/

High demand from Alzheimer's disease patients and families for easy access and scalable treatment options

Intended to reduce the need for complex procedures for the treatment of people with Alzheimer's disease

Blarcamesine **orally once daily** versus challenges of biologic mAb-based intravenous drug

Addressable CNS Diseases with Worldwide Commercial Rights and Global Opportunity with Potential of Therapeutic Disruption

U.S. AND GLOBAL PATIENT NUMBERS

INDICATION	USA	EUROPE	ASIA	GLOBAL
Alzheimer's Disease (AD)[1,2]	~7,200,000	~7,000,000	~23,000,000	~35,000,000
Parkinson's Disease (PD)[3,4]	~1,000,000	~1,400,000	~3,000,000	~10,000,000
Schizophrenia[5,6*]	~1,600,000	~3,000,000	~9,000,000	~24,000,000
Frontotemporal Dementia (FTD)[7]	~60,000	~65,000	~500,000	~800,000
Rett Syndrome (RTT)[8*]	~11,000	~13,000	~37,000	~350,000
Fragile X Syndrome (FXS)[9,10*]	~62,500	~150,000	~900,000	~1,400,000

1. *Alzheimer's Association. 2025 Alzheimer's Disease Facts and Figures*
2. *Dementia in the Asia Pacific Region. Alzheimer's Disease International 2014; 10*
3. *Marras C et al 2018. npj Parkinson's Disease volume 4, Article number: 21*
4. *GBD 2016 Parkinson's Disease Collaborators. The Lancet 2018 Volume 17, Issue 11, P3939-953*
5. *National Alliance on Mental Illness, 2019; Schizophrenia. World Health Organization. Accessed January 2024. https://www.who.int/news-room/fact-sheets/detail/schizophrenia*
6. *Fasseh et al., 2018. Eur J Public Health. 2018 Dec 1;28(6):1043-1049*
7. *Knopman & Roberts 2011. J Mol Neurosci 2011;45(3):330-335*
8. *Rettsyndrome.org, 2016*
9. *National Fragile X Foundation, 2022*
10. *Hunter et al., 2014. Am J Med Genet A. 2014 Jul;164A(7):1648-5*

Broad IP protection in global markets for product candidates up to 2040

** Patient estimates derived from the published prevalence estimate range for the regional population*

Anavex' Strong Financial Profile Supports Current Operations and Clinical Programs are Funded for >3 Years

Strong balance sheet supported by non-dilutive funding sources

$131.7M
Cash and cash equivalents[1]

~92.6M
Shares outstanding[1]

Non-dilutive funding sources

THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH

International Rett Syndrome Foundation
www.rettsyndrome.org

Disciplined approach to operational expenditures

39.0M
Fiscal year 2025 cash utilization

Sufficient cash runway

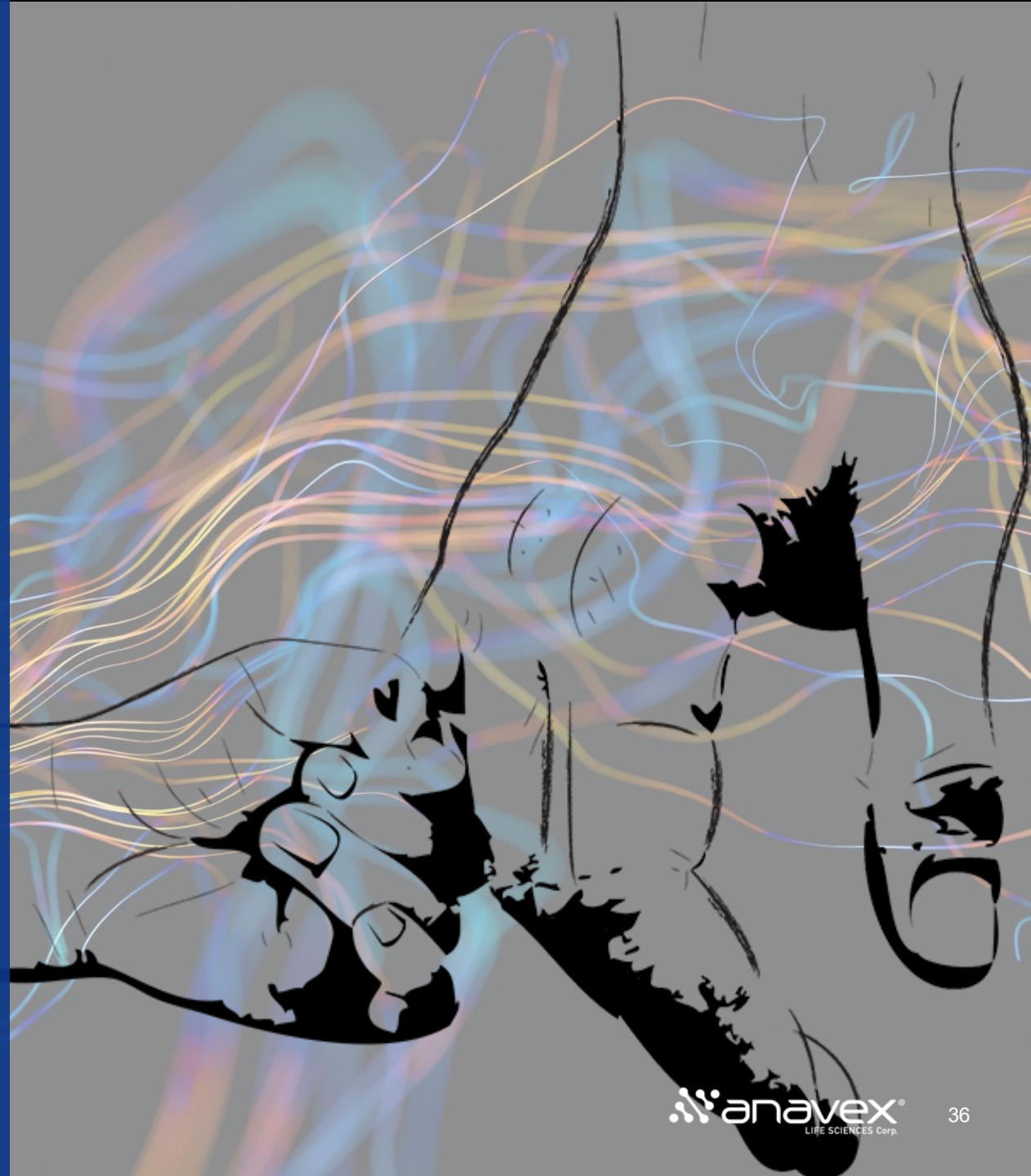
>3
Est. Years of Runway

Sustainable cash runway due to disciplined operations and non-dilutive cash sources

1. *As of December 31, 2025 filing*

Focus on Patient-oriented Brain Medicines

- **Late-stage Alzheimer's program** with scalable commercial opportunity in large market with huge unmet medical need
- Emerging body of clinical data with blarcamesine suggests high efficacy in genetically defined large Alzheimer's population through **Precision Medicine**
- **Autophagy platform** offers opportunity through expansion into broader CNS space
- **Strong financial position** and **long-term IP protection secured**
- Expected key near-term **milestones**



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