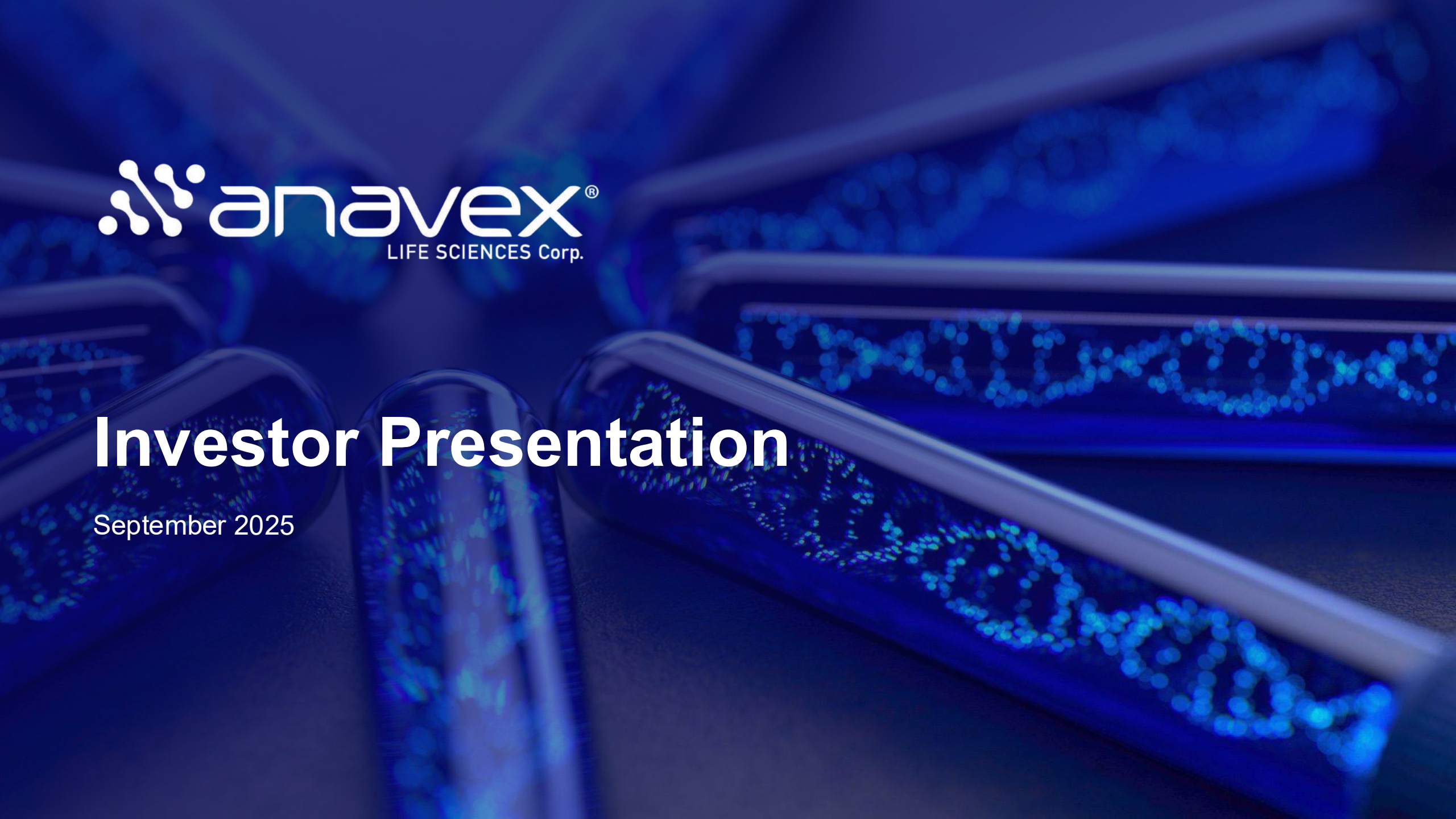


Investor Presentation

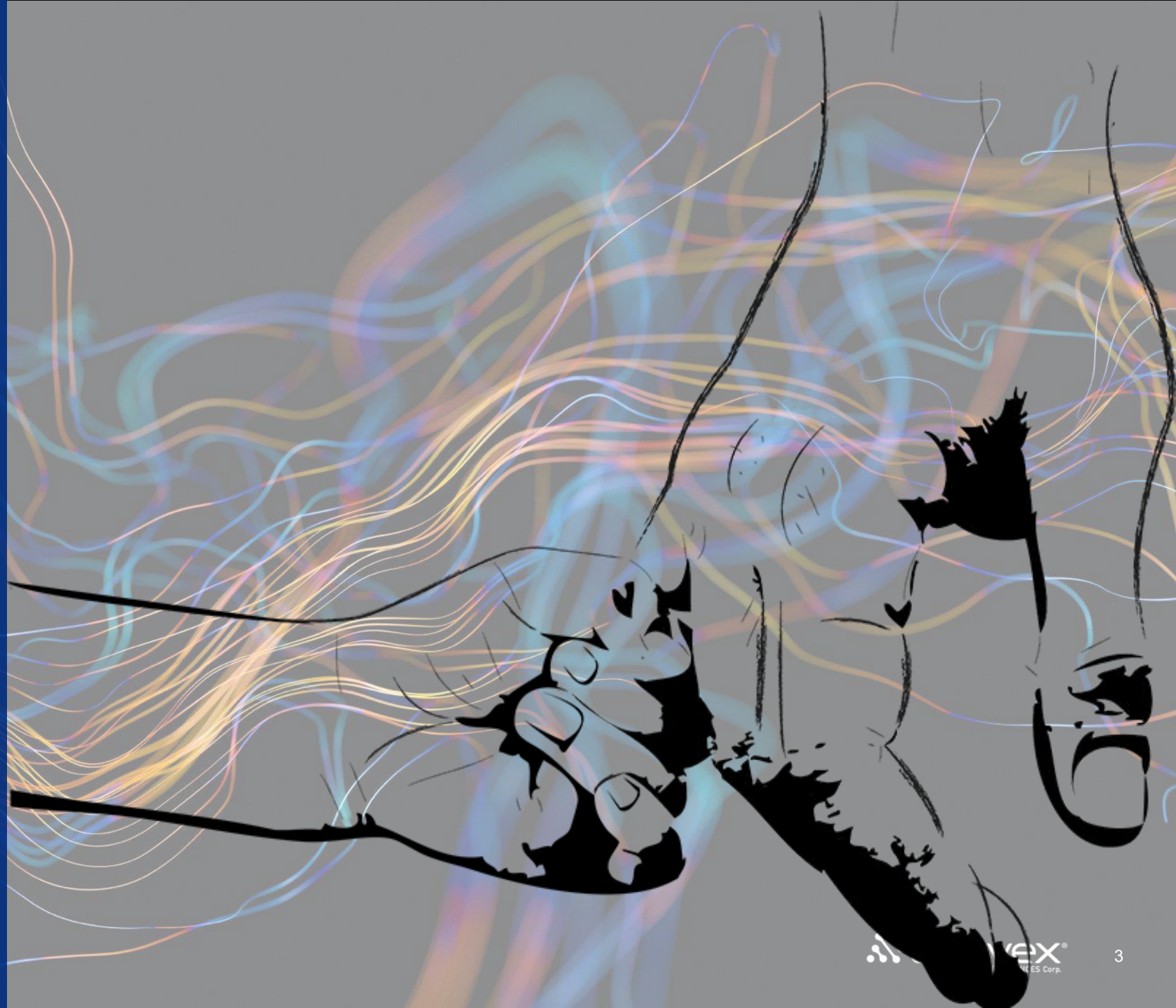
September 2025

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.

We are Dedicated to Pushing the Boundaries of Scientific Discovery With Novel Oral Small Molecules Tailored to Potentially Offer Hope and Relief.



Worldwide Alzheimer's - Dementia Cases Projected to Grow to Over 130M by 2050

We believe we are positioned to capitalize on a significant and growing market opportunity to treat CNS diseases

>$20T

Cumulative costs of Alzheimer's and dementia care from 2015 to 2050

1 in 3

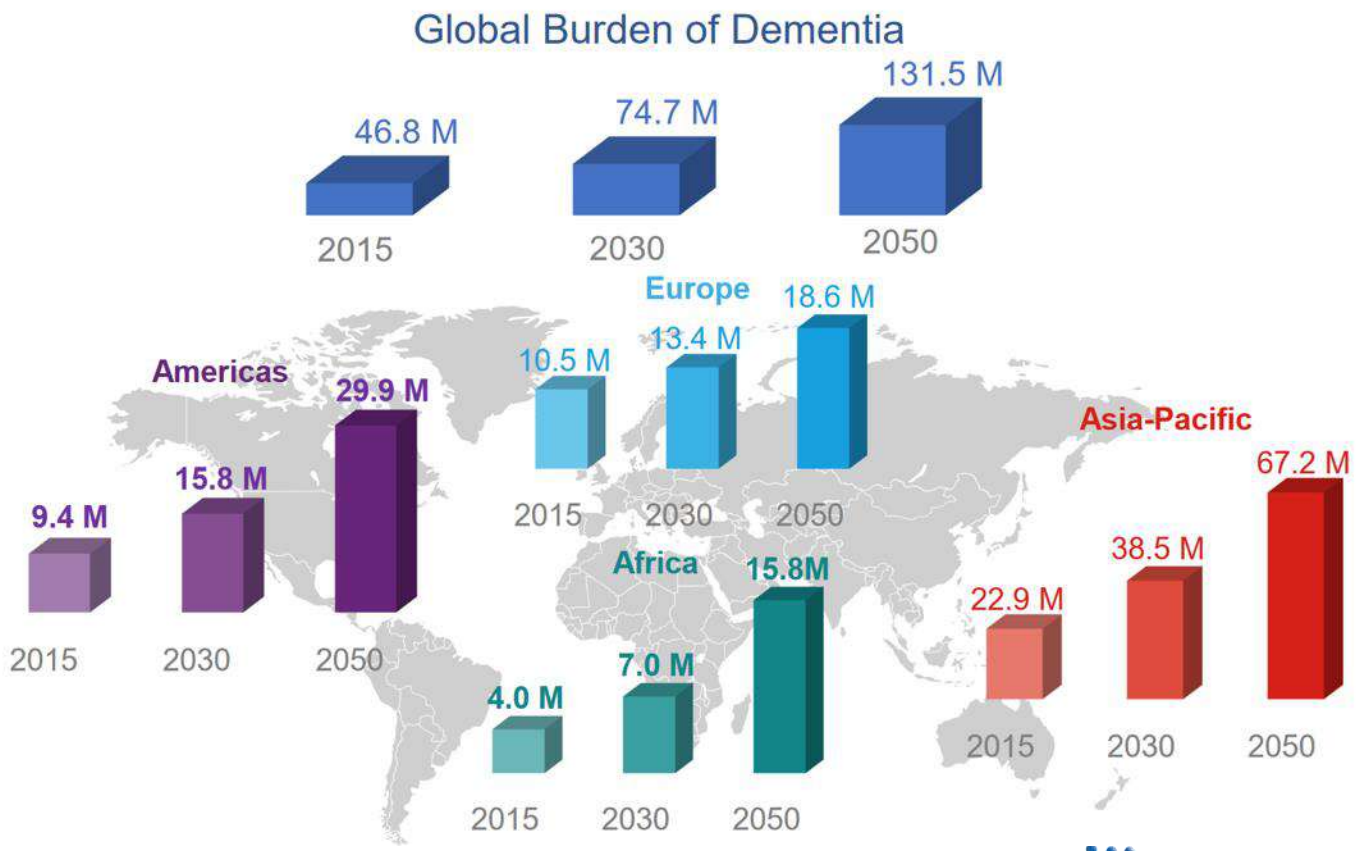
Medicare dollars will be spent on people living with Alzheimer's and other dementias in 2050

>11M

The number of Americans providing unpaid care for people with Alzheimer's or other dementias

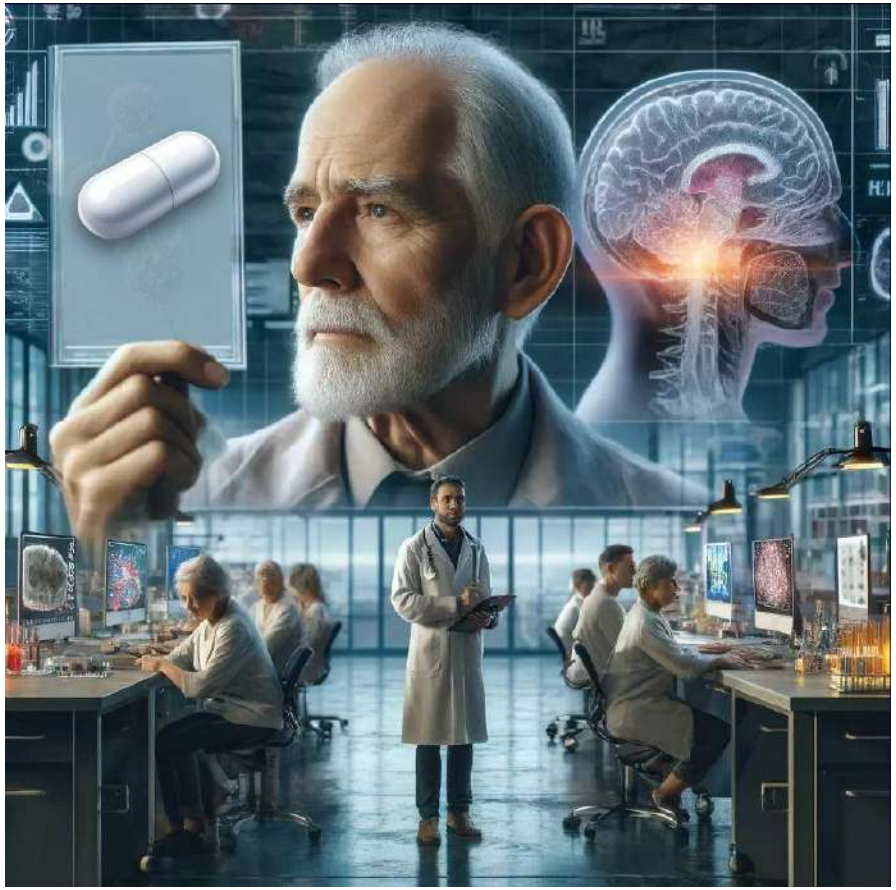
Targeting these markets using a differentiated and transformative precision platform

PEOPLE LIVING WITH **DEMENTIA** AROUND THE WORLD



Source: World Alzheimer's Report

Anavex Investment Highlights



Wide international patent protection for product candidates

- Regulatory submission stage CNS Precision Medicine platform Company with novel central nervous system mechanism
- Meet with regulatory authorities to discuss full Phase IIb/III Alzheimer's data with aim to bring Alzheimer's therapy to patients in Europe, Asia-Pacific, and the U.S., including potential approval pathway based on available efficacy results of surrogate biomarkers
- Estimated that operations and clinical programs are funded for >3 years. No debt
- Oral drug Blarcamesine demonstrated superior clinical safety and efficacy compared to mAb Leqembi (Lecanemab) and mAb Kisunla (Donanemab) and slows neurodegeneration in Early Alzheimer's Disease[1,2,3]

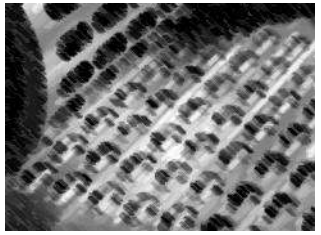
Blarcamesine: Oral once daily convenient scalable potential treatment

1. *Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016*
2. *van Dyck CH et al. Lecanemab in Early Alzheimer's Disease. New England Journal of Medicine. 2023; 388(1): 9–21*
3. *Sims JR et al. Donanemab in Early Symptomatic Alzheimer Disease: The TRAILBLAZER-ALZ 2 Randomized Clinical Trial. JAMA. 2023; 330(6): 512–27*

Foundation for More Cost Effective & Safer Treatments for CNS Conditions

Oral Solid
ANAVEX®2-73 (blarcamesine)

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

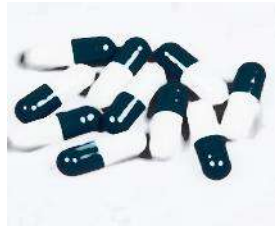


Oral Liquid
ANAVEX®2-73 (blarcamesine)

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

Oral Solid
ANAVEX®3-71 (AF710B)

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



Orally-administered candidates offer significant potential for clinical benefit relative to costly and logistically challenging biologic mAb-based drugs, which also often present additional safety challenges

~60%
of established small-molecule drug products available commercially are administered orally[1]

~90%
of the global market share of all pharmaceutical formulations for humans are oral[1]

~84%
of the best-selling pharmaceutical products are orally administered[1]

1. *Prasad V., De Jesús K., Mailankody S. (2017). The high price of anticancer drugs: origins, implications, barriers, solutions. Nat. Rev. Clin. Oncol. 14 (6), 381. 10.1038/nrclinonc.2017.31*

We believe we are well-Positioned to Expand Transformative Precision Medicine Platform & Capitalize on Significant Market Opportunities

Precision medicine platform and novel central nervous system mechanism: Activation of an upstream, endogenous pathway countering neurodegeneration

Multiple clinical milestones and promising pipeline with potential progress towards commercialization

Blarcamesine shows clinical efficacy and slows neurodegeneration in early Alzheimer's disease

We believe we are positioned for future expansion with worldwide commercial rights and strong IP foundation

Sufficient cash runway due to disciplined operations and non-dilutive cash sources, such as Michael J. Fox Foundation, International Rett Syndrome Foundation and The Australian Government

Autophagy: An Upstream Compensatory Therapeutic Intervention in AD

Blarcamesine (oral drug)

SIGMAR1 activation → **Autophagy** → **Upstream neuroprotection (Remove, Repair, Regenerate, Resilience)**

Aging ⊣ **Survival of Brain Cells** ⊣ **Neurotoxicity (β-amyloid, Tau)**

monoclonal Antibodies (IV infusion) → **Microglial phagocytosis** → **Downstream removal of β-amyloid plaques**

Christ, MG, et al. Sigma-1 receptor activation induces autophagy and increases proteostasis capacity in vitro and in vivo. *Cells*. 2019;8(3):211.
Baeken MW, et al. Conserved LIR-specific interaction of Sigma-1 receptor and GABARAP. *iScience* Volume 28, Issue 9, 2025, 113287
Yang H, et al. SIGMAR1/sigma-1 receptor ablation impairs autophagosome clearance. *Autophagy*. 2019;15(9):1539-1557.
Lee JH, et al. Faulty autolysosome acidification in Alzheimer's disease mouse models induces autophagic build-up of Aβ in neurons, yielding senile plaques. *Nature Neuroscience*. 2022;25(6):688-701.

Precision Platform Shows Promise for Superior Care

We believe Anavex is positioned to target significant unmet medical needs across multiple CNS conditions

Achieved

SIGMAR1 activation established as a new platform class

- ☑ **ANAVEX®2-73 (blarcamesine)** Clinical study results in broad CNS indications confirm SIGMAR1 technology
- ☑ **Rett syndrome:** Top-line data EXCELLENCE Phase 2/3 ANAVEX®2-73 pediatric clinical trial
- ☑ **ANAVEX®3-71:** Publication Phase 1 clinical trial
- ☑ **Parkinson's disease dementia:** Data of 48-week OLE Phase 2 study
- ☑ **Alzheimer's disease:** Top-line data ANAVEX®2-73-AD-004: Potentially pivotal Phase 2b/3 clinical trial
- ☑ **Schizophrenia:** Initiation of ANAVEX®3-71 Phase 2 clinical trial

Near Term

SIGMAR1 technology to succeed traditional modalities

- ☑ **Alzheimer's disease:** Full regulatory submission of blarcamesine in Europe (EMA)
- ☑ **Alzheimer's disease:** Data from the blarcamesine Phase 2b/3 ANAVEX®2-73-AD-004 trial to be published in an upcoming peer-reviewed journal expected Q1 2025
- ☐ **Alzheimer's disease:** Analysis of DNA / RNA sequencing of the Phase 2b/3 data expected 2025
- ☑ **Alzheimer's disease:** ATTENTION-AD OLE 96/144-week Top-line trial data January 2025
- ☐ **Schizophrenia:** Top-line data of ANAVEX®3-71 Phase 2 clinical trial expected 2H 2025
- ☐ **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
- ☐ **Publications:** Continued clinical publications involving ANAVEX®2-73 and ANAVEX®3-71

Long Term

SIGMAR1 to potentially open up new opportunities beyond the horizon

- 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.

We believe we are well-Positioned to Expand Transformative Precision Medicine Platform & Capitalize on Significant Market Opportunities

Precision medicine platform and novel central nervous system mechanism: Activation of an upstream, endogenous pathway countering neurodegeneration

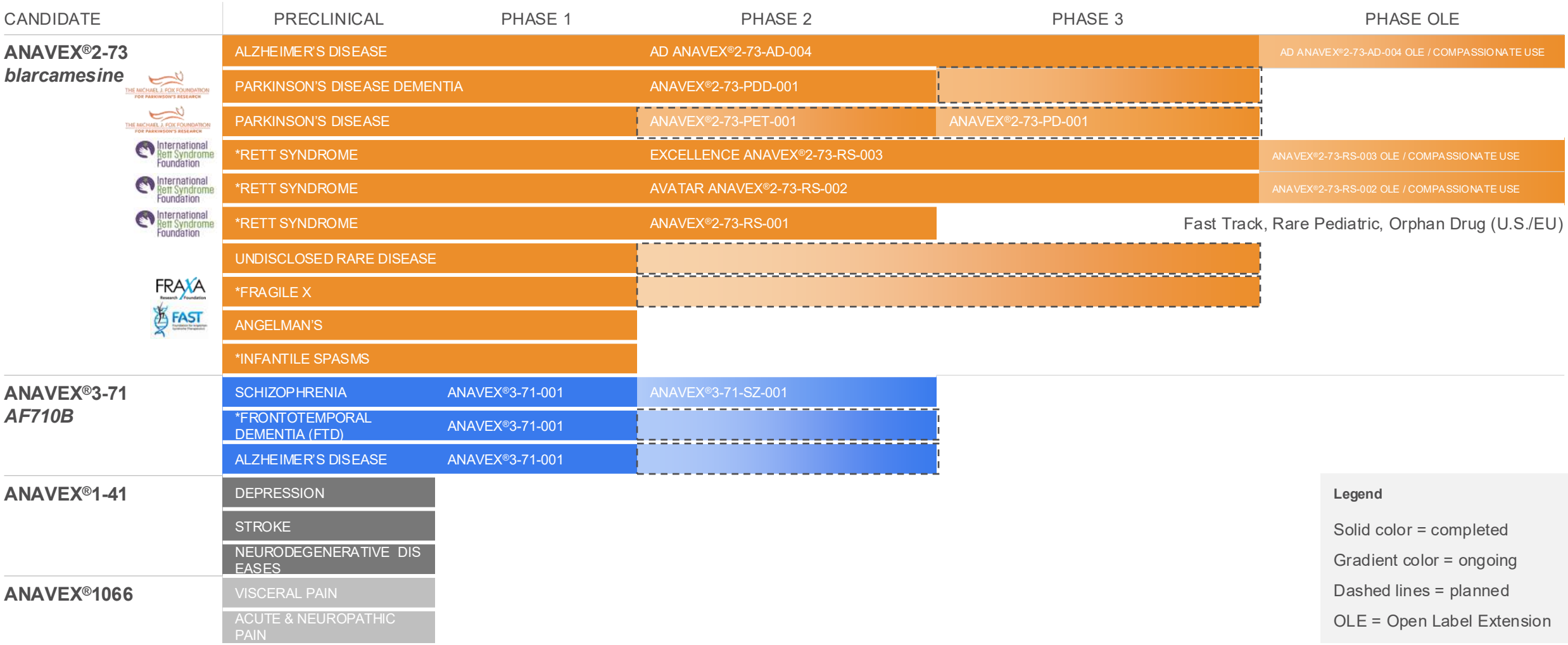
Multiple clinical milestones and promising pipeline with potential progress towards commercialization

Blarcamesine shows clinical efficacy and slows neurodegeneration in early Alzheimer's disease

We believe we are positioned for future expansion with worldwide commercial rights and strong IP foundation

Sufficient cash runway due to disciplined operations and non-dilutive cash sources, such as Michael J. Fox Foundation, International Rett Syndrome Foundation and The Australian Government

Multiple Clinical Milestones and Promising Pipeline with Potential Progress towards Commercialization



** Orphan Drug Designation by FDA*

Future: Blarcamesine Potentially Used Prophylactical in Order to Prevent the Loss seen During Alzheimer’s Disease Model

- 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: Oral convenient scalable potential treatment

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

We believe we are well-Positioned to Expand Transformative Precision Medicine Platform & Capitalize on Significant Market Opportunities

Precision medicine platform and novel central nervous system mechanism: Activation of an upstream, endogenous pathway countering neurodegeneration

Multiple clinical milestones and promising pipeline with potential progress towards commercialization

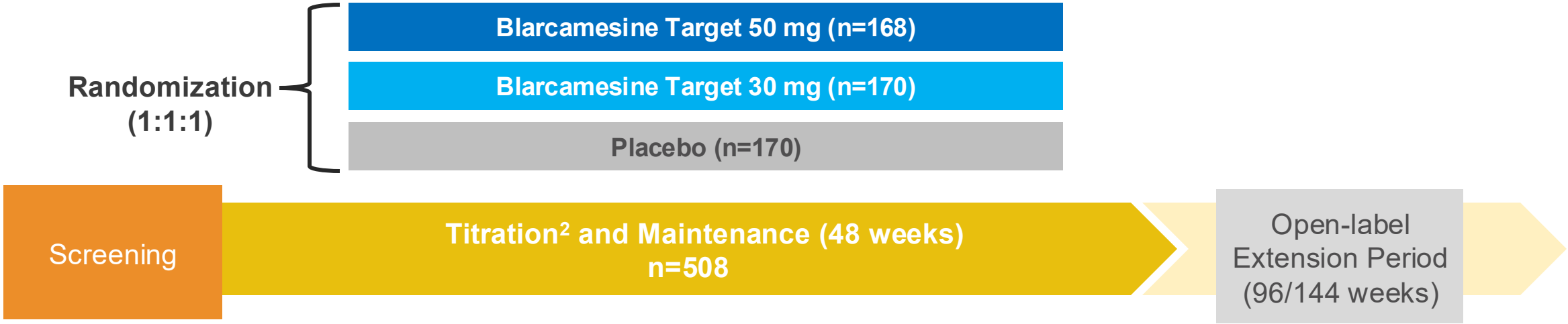
Blarcamesine shows clinical efficacy and slows neurodegeneration in early Alzheimer's disease

We believe we are positioned for future expansion with worldwide commercial rights and strong IP foundation

Sufficient cash runway due to disciplined operations and non-dilutive cash sources, such as Michael J. Fox Foundation, International Rett Syndrome Foundation and The Australian Government

AD-004 Phase 2b/3 Early Alzheimer's Disease Trial

Global, multicenter, randomized, double-blind, placebo-controlled, parallel group, 48-week trial evaluating Blarcamesine (ANAVEX®2-73) once-daily oral capsules



Key eligibility criteria:

- Met the NIA-AA 2011 criteria for diagnosis of early-stage mild dementia or MCI due to AD
- Aged 60 to 85 years
- MMSE score 20-28
- Confirmation of AD via amyloid or FDG PET, CT or MRI scan, or CSF (amyloid or tau)[1]

Co-primary endpoints*

- ADAS-Cog13
- ADCS-ADL

Key secondary endpoint

- CDR-SB

Other endpoints

- Structural and functional MRI
- Biomarkers: $A\beta_{42}/A\beta_{40}$, p-tau (181), p-tau (231), Nf-L
- CGI-I

ATTENTION-AD study

*With the March 2024 FDA Guidance for Early AD, a sole cognitive measure can serve as the primary endpoint for early AD trials

1. AD status supported by the elevated baseline levels of plasma p-Tau(181) and p-Tau(231)
2. Titration occurred from days 1-21

AD, Alzheimer's disease; 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; MCI, mild cognitive impairment; MMSE, Mini-Mental State Examination; NIA-AA, National Institute on Aging- Alzheimer's Association. Nf-L, neurofilament light chain.

Anavex's Blarcamesine Advantage:

- ✓Oral administration
- ✓Novel target that impacts neurodegeneration
- ✓Promising clinical results

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

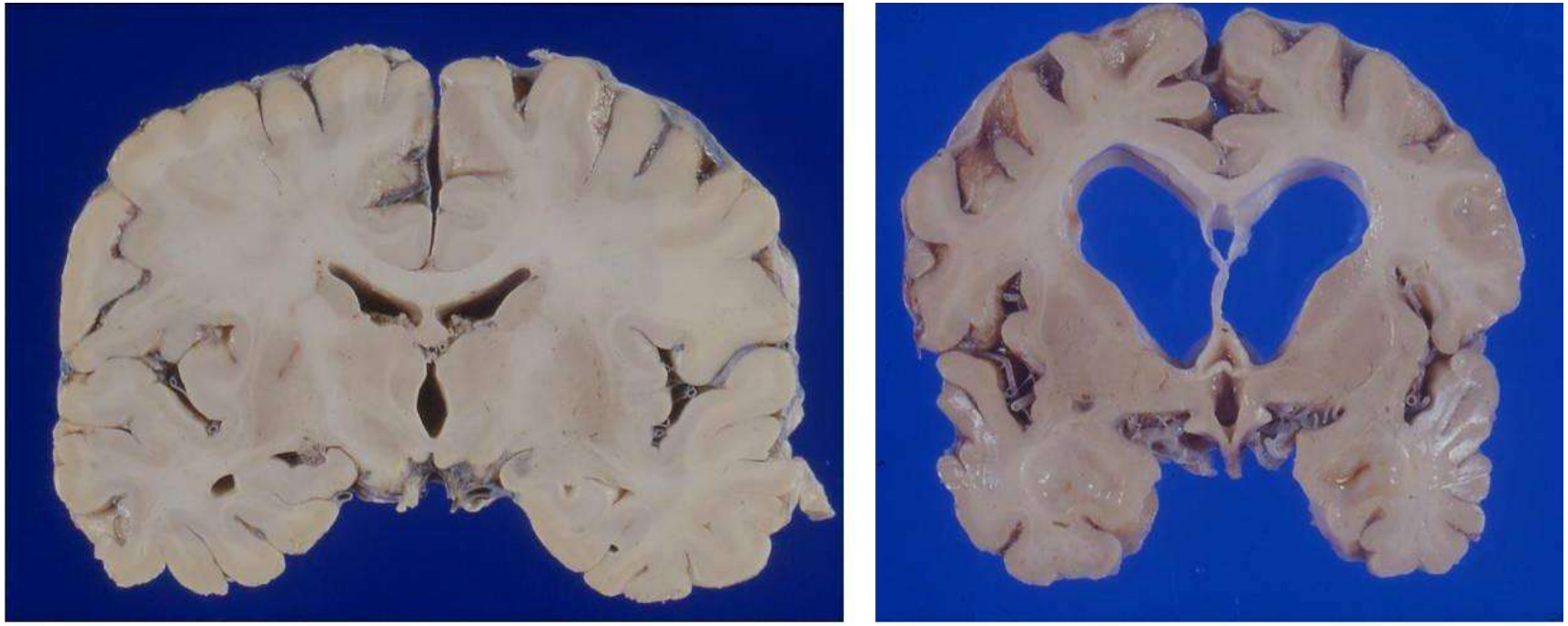
Original Article

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,*]

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

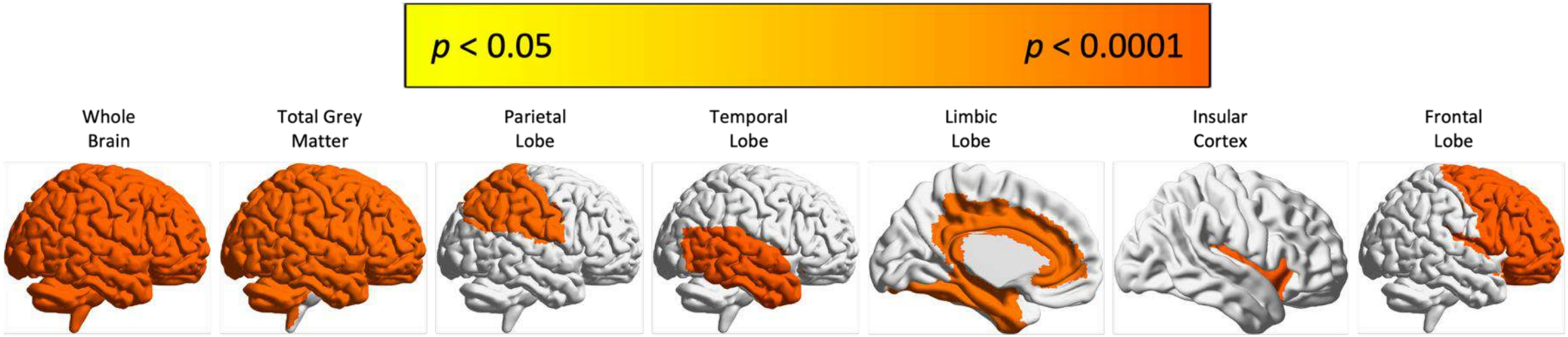
Brain volume loss (atrophy) in Alzheimer's disease (AD)[1]



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

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

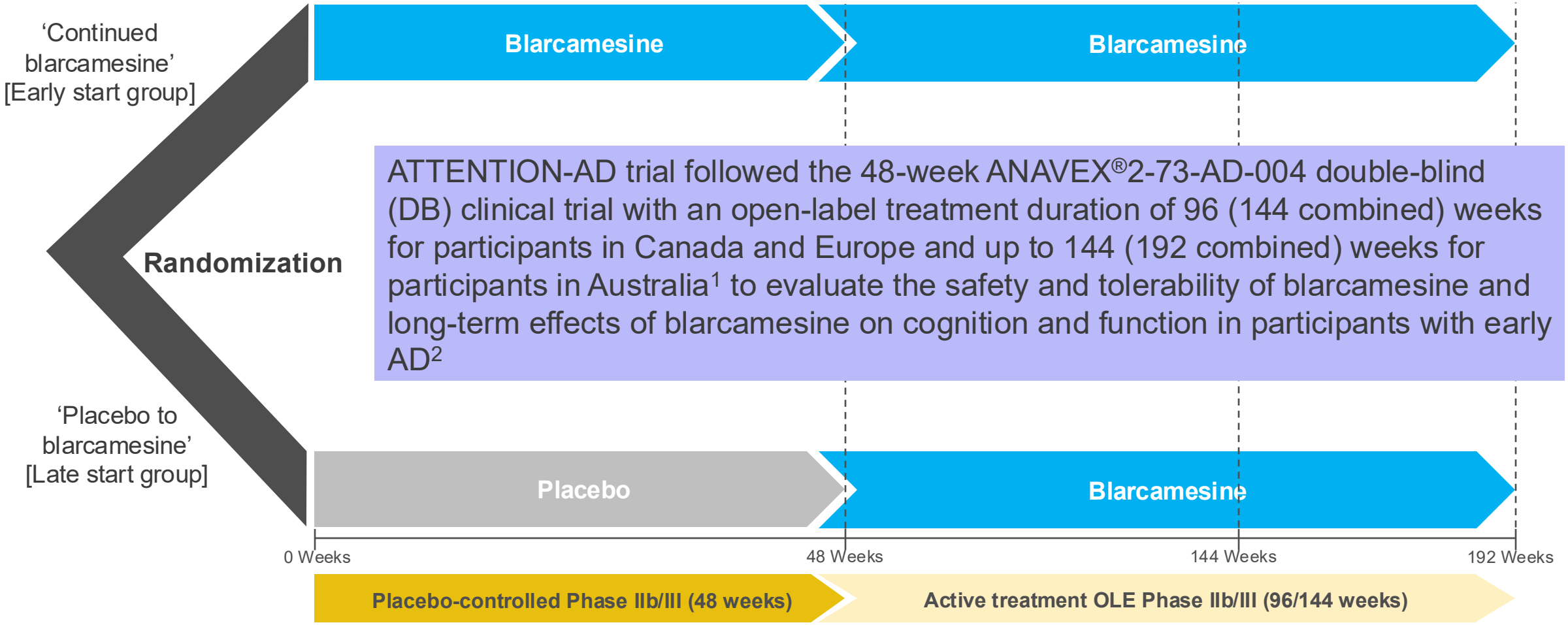
Significant slowing of atrophy in broad brain regions after 48 weeks of treatment[1]



1. https://www.anavex.com/post/anavex-sphase2b-3trialofblarcamesine-anavex-2-73-inpatientswithalzheimer-sdisease

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

Global, multicenter, randomized, Open-Label-Extension (OLE), 96/144-week trial evaluating Blarcamesine (ANAVEX®2-73) once-daily oral capsules, following placebo-controlled 48-week trial[1]



1. The preceding double-blind study (ANAVEX®2-73-AD-004) had started in Australia before the other regions (Europe and North America). This did not allow time for the other regions to also participate in the additional OLE extension beyond the initial 96 Weeks OLE period, which was extended to 144 Weeks upon investigators request in Australia.

2. The scheduled visits were [OLE Week 0 = Combined Week 48], [OLE Week 48 = Combined Week 96], [OLE Week 96 = Combined Week 144] and [OLE Week 144 = Combined Week 192]; Combined = OLE (open-label-extension) + DB (double-blind) studies.

anavex LIFE SCIENCES Corp.

Delayed-Start Analysis ATTENTION-AD and AD-004 Trial

Summary:

Key safety findings

- Consistent safety profile—no new safety findings observed with over four (4) years of treatment with blarcamesine
- Titration adjustment demonstrate manageable nature of the most frequent TEAE (dizziness)
- No deaths related to the study drug

Key efficacy findings

- Treatment mean difference continued to increase up to Week 192
- ADAS-Cog13 difference: -3.83
  P = 0.0165
- ADCS-ADL difference: +4.30
  P = 0.0206
- Data indicate disease-modifying effect of oral blarcamesine

Summary

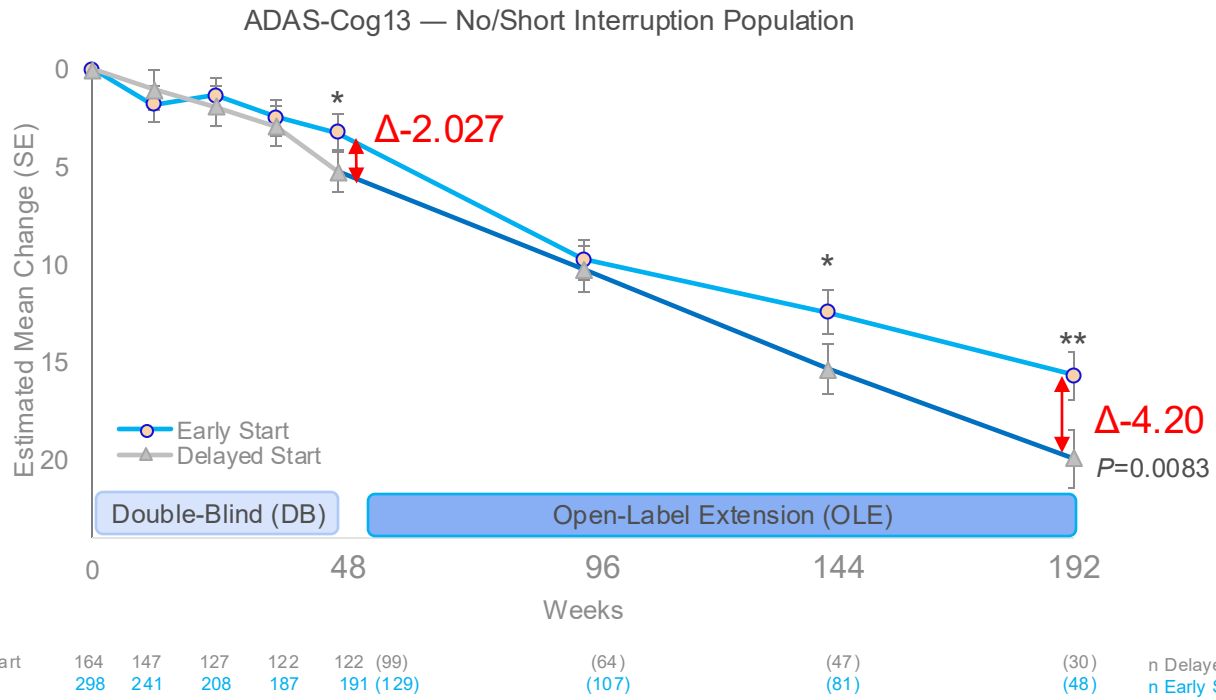
Suggests earlier oral blarcamesine treatment initiation may have continued long-term beneficial therapeutic effect

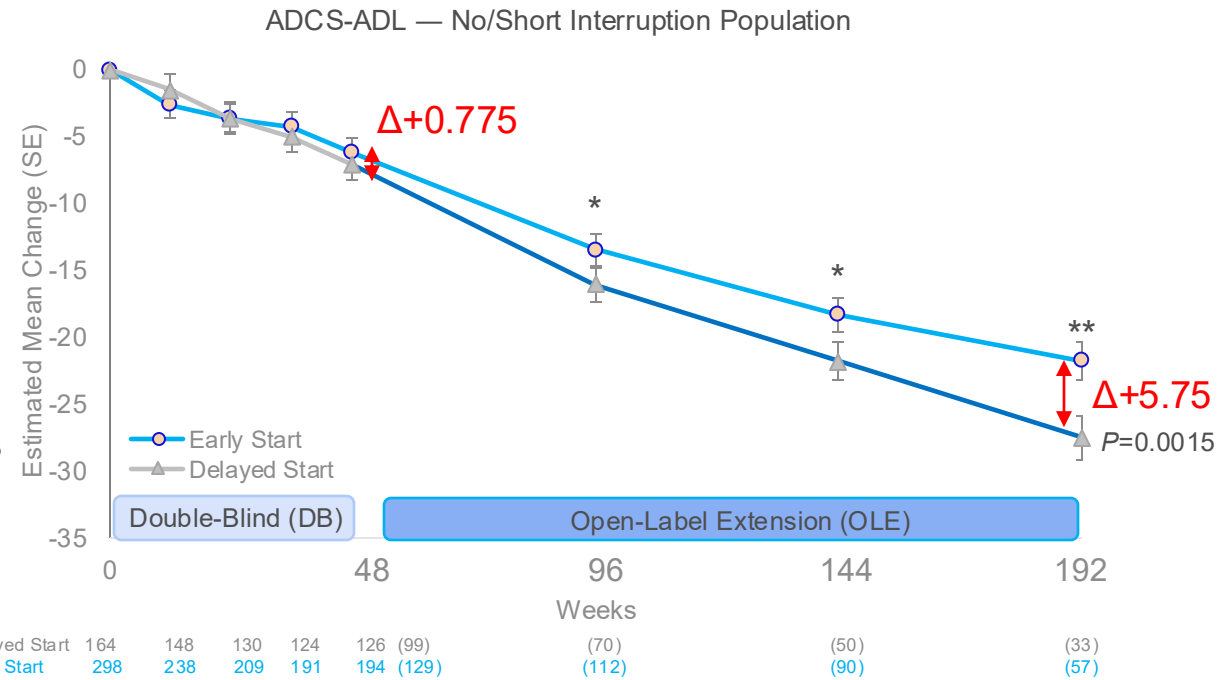
ADAS-Cog13 differences larger than 2 points are considered clinically meaningful improvements*

* Muir RT, Hill MD, Black SE, Smith EE. Minimal clinically important difference in Alzheimer's disease: Rapid review. Alzheimers Dement. 2024;20(5):3352-3363. doi:10.1002/alz.13770

Clinical Outcome Through 192 Weeks: Early Treatment Significantly Better

OLE results indicate disease-modifying effect and importance of continued long-term blarcamesine treatment





Due to COVID, OLE dosing re-start was variable. OLE re-start was on average (mean) 19 days after end of DB. 'No/Short Interruption Population' includes 'continued blarcamesine' participants with few or no interrupted treatment <19 days (mean 2.5 days). The remaining 'continued blarcamesine' participants (>19 days) had a longer drug interruption (mean 75 days).

Participants in the OLE started with a 10-week titration phase before reaching respective maintenance dose. Adjusted mean change from baseline, SE and p-value are derived using mixed model repeat measures (MMRM). Population numbers (n) represent the number of participants with non-missing data and covariates at each time point for DB/OLE ITT population, with OLE data points in parentheses. AD Assessment Scale-Cognitive subscale. AD Cooperative Study-Activities of Daily Living Scale.

*: p<0.05; **: p<0.01

New Precision Medicine Paradigm: Blarcamesine's Potential Ability to Match Barely Detectable Prodromal AD Decline

	Baseline	
	ADAS-Cog13, mean [SD]	CDR-SB, mean [SD]
Blarcamesine ABCLEAR3 population*	28.4 [9.10]	4.02 [1.853]
Prodromal population[1]	23.22 [6.79]	2.11 [0.97]

	Change from Baseline	
	ADAS-Cog13	CDR-SB
Blarcamesine ABCLEAR3 population*, 48 weeks	0.853	0.465
Prodromal population, 52 weeks[1]	1.26	0.56

Blarcamesine data are similar to referenced barely detectable prodromal AD decline, in spite of the more advanced stage of AD impairment at baseline of the blarcamesine population

Cognitive outcomes observed in the oral blarcamesine 30 mg Precision Medicine cohort move toward normal aging profiles across validated clinical scales, supporting its relevance in early-stage Alzheimer's care

Blarcamesine: Oral convenient scalable potential treatment

* ABCLEAR3 = Alzheimer's Blarcamesine Cognition Efficacy and Resilience gene variants non-carrier population (SIGMAR1 wild type [WT]/COL24A1 wild type [WT]).

1. 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.

Blarcamesine: Convenience of Blarcamesine in Alzheimer’s Disease

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

Advantage For the Patient:

- Proven protocol and assessments allowing for quicker time-sensitive access to new oral treatment
- Continued focus on individual patient

Advantage For the Family:

- Less caregiver stress, and likely less financial strain
- No need to arrange for constant transportation
- No impact on own work schedule

Continued patient *and* family-centric care with ability to augment with supplemental support (diet, sleep, social activities, etc.)

Accurate Diagnosis by Physician—Fast And Convenient Access to Study Drug

Advantage For the Patient:

- Being helped timely without delays and constrains by cumbersome and limiting inconvenient complex diagnostics

Advantage For the Physician:

- Streamlined workflow
- No logistical barriers to treatment
- No need to arrange or schedule complex PET, lumbar puncture (spinal tap) or repeated MRIs

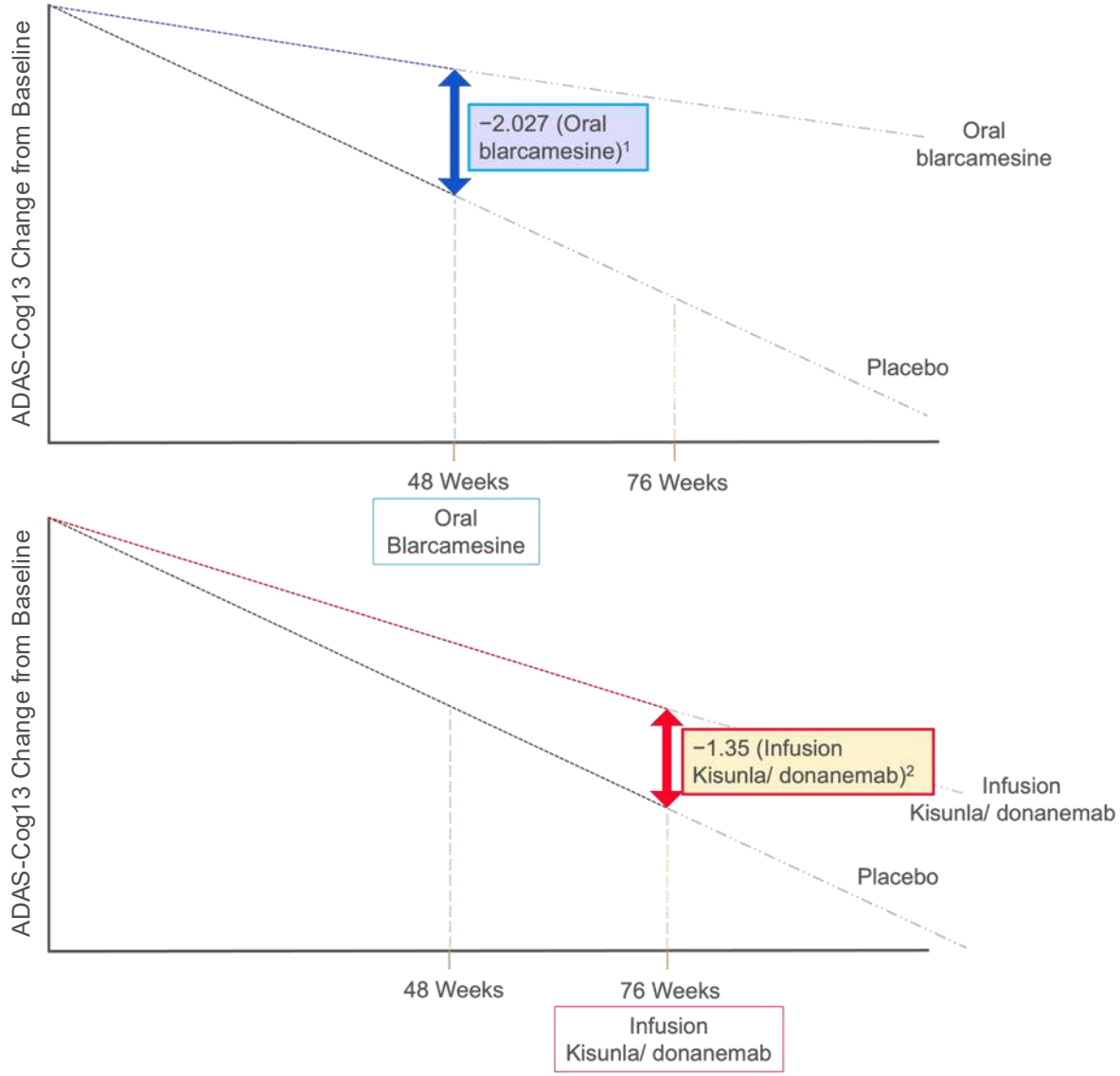
Without the need for logistical challenging administration and cumbersome follow up: No PET scan or lumbar puncture (spinal tap) or repeated MRIs required

ANAVEX®2-73-AD-004 Program
Phase IIb/III Trial in Early Alzheimer's Disease with Comparisons

Numerical Superiority Oral Blarcamesine vs. Infusion Kisunla/ Donanemab

ADAS-Cog13 Efficacy

Numerical Comparison



Schematic representation.

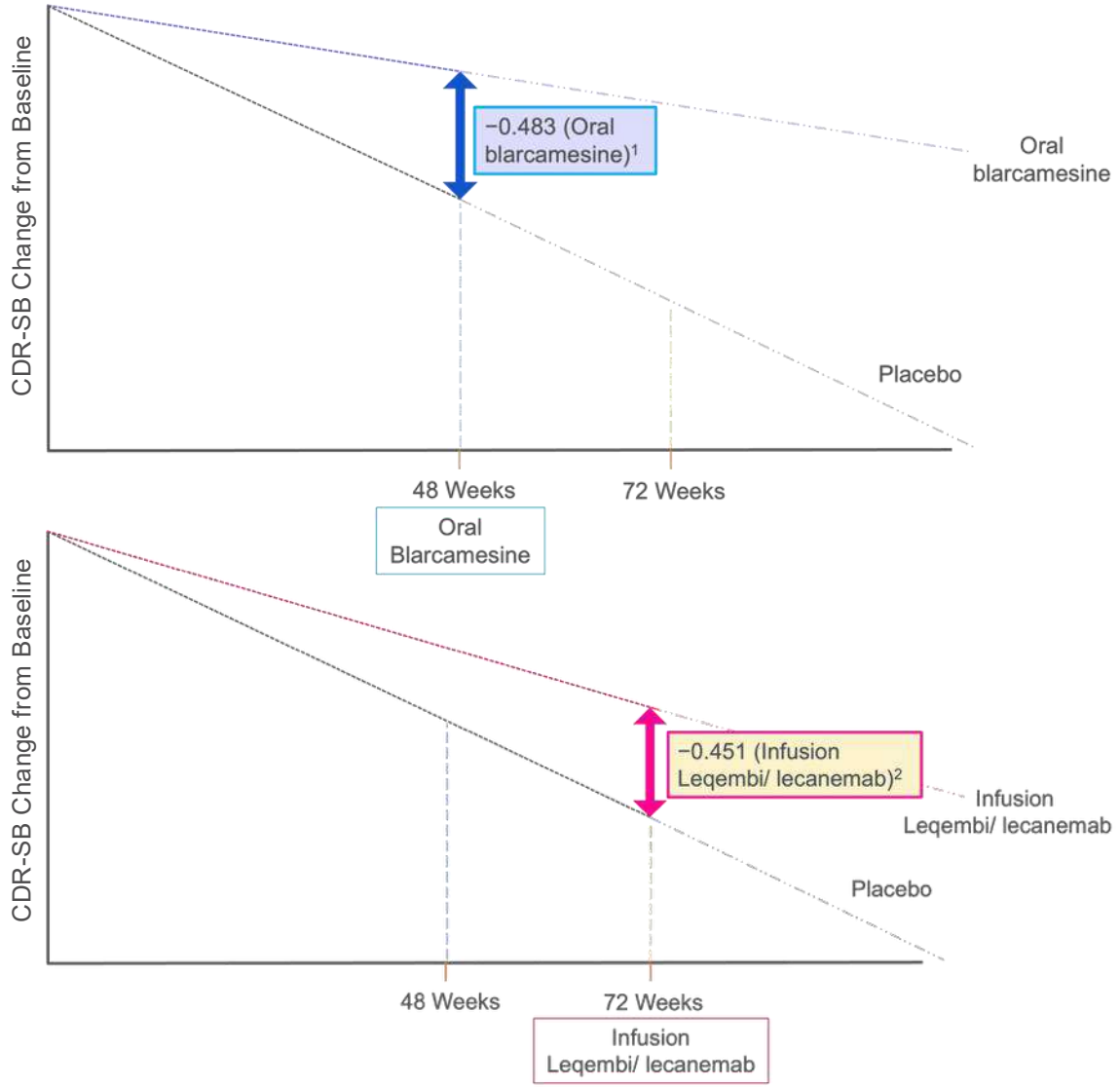
[1] Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016

[2] Sims JR et al. Donanemab in Early Symptomatic Alzheimer Disease: The TRAILBLAZER-ALZ 2 Randomized Clinical Trial. JAMA. 2023; 330(6): 512–27

Numerical Superiority Oral Blarcamesine vs. Infusion Leqembi/ Lecanemab

CDR-SB Efficacy

Numerical Comparison



Schematic representation.

[1] Macfarlane, S. et al. Blarcamesine for the treatment of Early Alzheimer's Disease. J Prev Alzheimers Dis. 2025;12(1):100016
[2] van Dyck CH et al. Lecanemab in Early Alzheimer's Disease. New England Journal of Medicine. 2023; 388(1): 9–21

We believe we are well-Positioned to Expand Transformative Precision Medicine Platform & Capitalize on Significant Market Opportunities

Precision medicine platform and novel central nervous system mechanism: Activation of an upstream, endogenous pathway countering neurodegeneration

Multiple clinical milestones and promising pipeline with potential progress towards commercialization

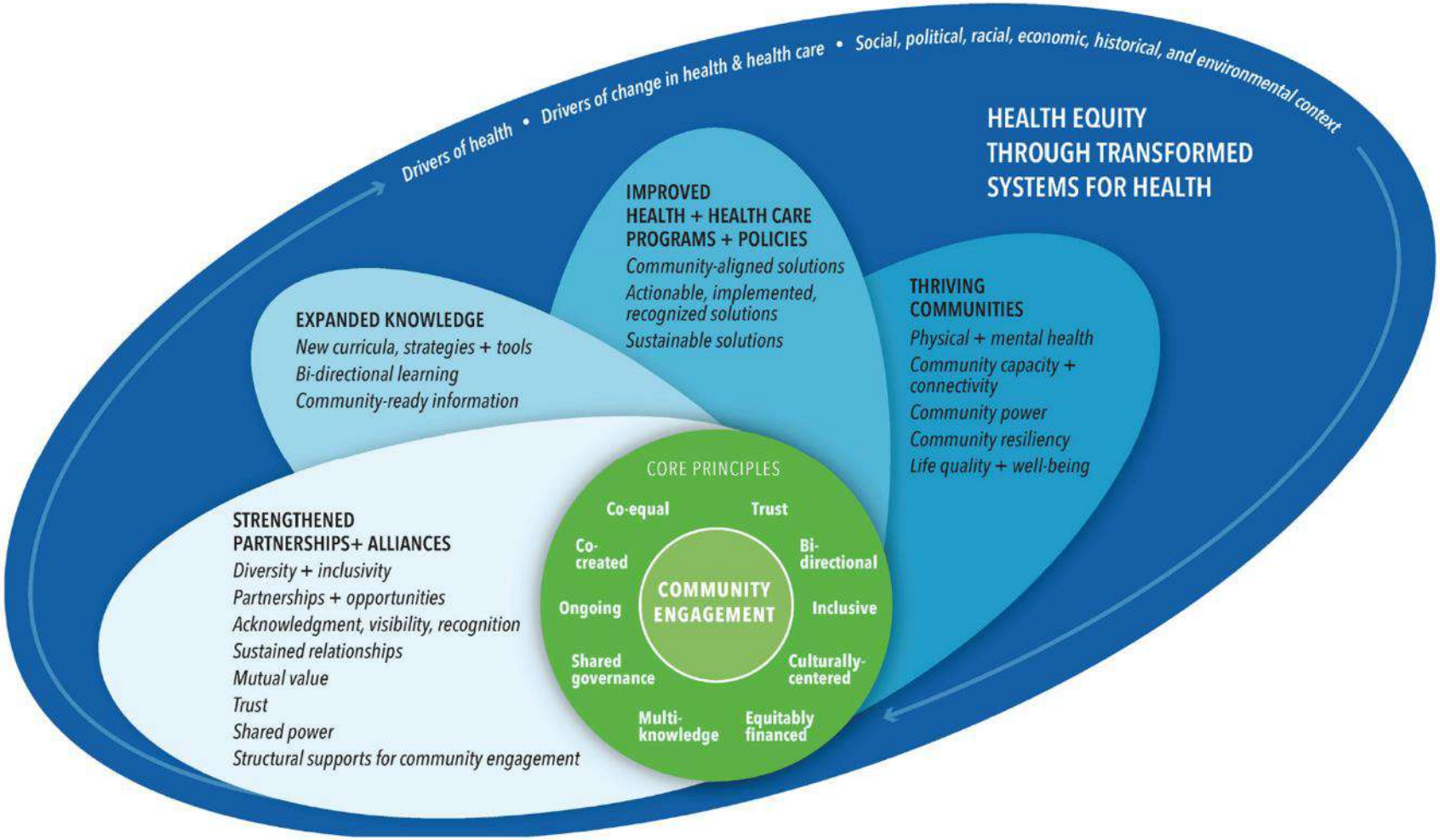
Blarcamesine shows clinical efficacy and slows neurodegeneration in early Alzheimer's disease

We believe we are positioned for future expansion with worldwide commercial rights and strong IP foundation

Sufficient cash runway due to disciplined operations and non-dilutive cash sources, such as Michael J. Fox Foundation, International Rett Syndrome Foundation and The Australian Government

Exploring Commercial Activities

Examining innovative strategies to effectively engage patients, providers and payers



Source: 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 Globally with Therapeutic Disruption Potential

U.S. AND GLOBAL PATIENT NUMBERS

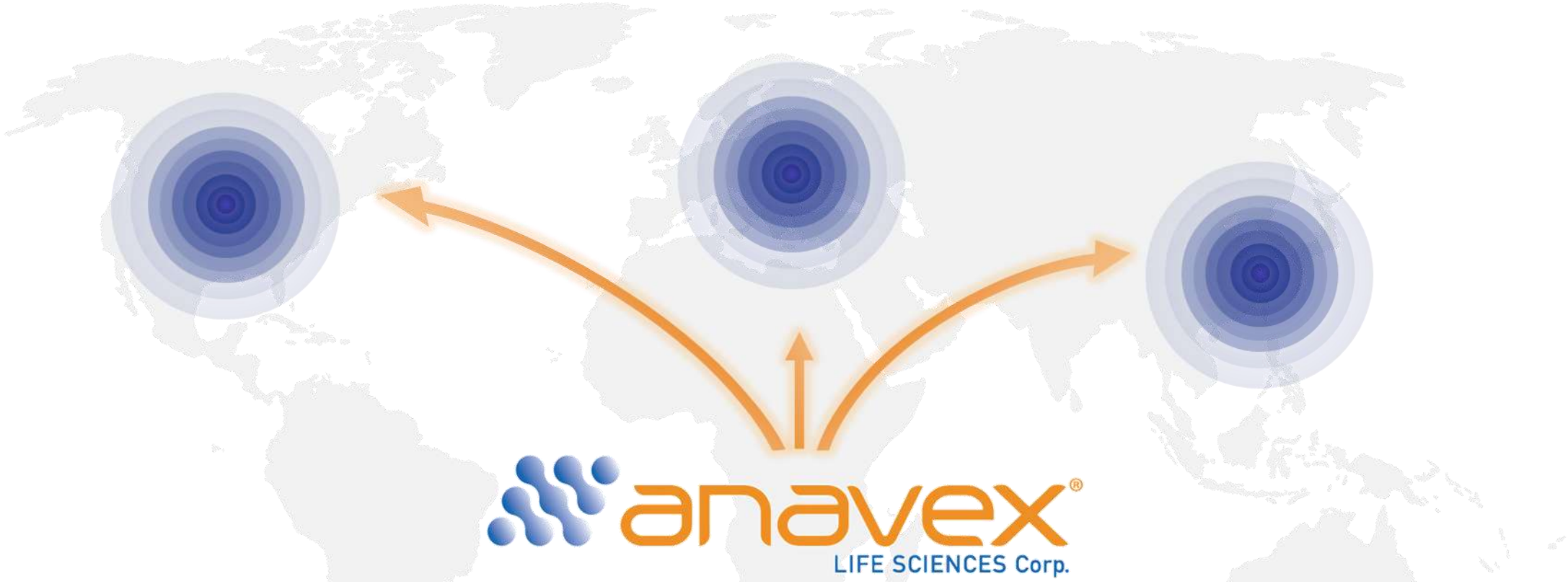
INDICATION	USA	EUROPE	ASIA	GLOBAL
Alzheimer's Disease (AD)[1,2]	~6,900,000	~7,000,000	~23,000,000	~35,000,000
Parkinson's Disease (PD)[3,4]	~1,000,000	~1,400,000	~3,000,000	~10,000,000
Schizophrenia[5,6*]	~1,600,000	~3,000,000	~9,000,000	~24,000,000
Frontotemporal Dementia (FTD)[7]	~60,000	~65,000	~500,000	~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. 2024 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*

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

Worldwide Commercial Rights to Capitalize on Valuable Pipeline and Global Opportunity

Aiming to bring lead therapies to patients in Europe, Asia-Pacific, and the U.S. following regulatory discussion



Wide international patent protection to 2030-2039 for product candidates

We believe we are well-Positioned to Expand Transformative Precision Medicine Platform & Capitalize on Significant Market Opportunities

Precision medicine platform and novel central nervous system mechanism: Activation of an upstream, endogenous pathway countering neurodegeneration

Multiple clinical milestones and promising pipeline with potential progress towards commercialization

Blarcamesine shows clinical efficacy and slows neurodegeneration in early Alzheimer's disease

We believe we are positioned for future expansion with worldwide commercial rights and strong IP foundation

Sufficient cash runway due to disciplined operations and non-dilutive cash sources, such as Michael J. Fox Foundation, International Rett Syndrome Foundation and The Australian Government

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

Strong balance sheet supported by non-dilutive funding sources

$101.2M
Cash and cash equivalents[1]

~85.9M
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

30.8M
Fiscal year 2024 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 June 30, 2025*

Values-Driven Team with Track Record and Expertise Capable of Advancing Anavex's Cutting-Edge Precision Platform

Christopher U. Missling, PhD
President & CEO

20+ years of experience in the healthcare industry within large pharmaceutical companies, the biotech industry and investment banking

Juan Carlos Lopez-Talavera, MD, PhD
SVP Head of Research and Development

25+ years of key leadership in managing registrational clinical trials and led and contributed to the development and approvals of several treatments in USA, Europe and Asia

Terrie Kellmeyer, PhD
SVP of Clinical Development

28+ years of experience in executive leadership positions in clinical development, clinical operations, regulatory affairs, and medical affairs

Jeffrey Edwards, PhD
VP of Clinical Pharmacology

18+ years of drug development including clinical pharmacology and clinical science

Kun Jin, PhD
VP Head of Biostatistics

27+ years of experience with US Food and Drug Administration (FDA)

Daniel Klamer, PhD
VP of Business Development & Scientific Strategy

15+ years of experience in neuroscience and the orphan disease space, with acquisition, partnering and R&D experience in Europe and the USA

Purpose-Built Scientific Advisory Board

Diverse skillset tailored to Anavex's portfolio

- CNS Drug development
- Trial design and analysis
- Academic and research thought leadership
- Clinical expertise in treating CNS diseases

Marwan Sabbagh, MD
Barrow Neurological Institute

Timo Grimmer, MD
Technische Universität München

Dag Aarsland, MD, PhD
King's College London

Audrey Gabelle, MD, PhD
Université de Montpellier

Jacqueline French, MD
NYU

Jeffrey Cummings, MD
Cleveland Clinic

Norman Relkin, MD, PhD
Weill Cornell Medicine

Ottavio Arancio, MD, PhD
Columbia University Medical Center

Paul Aisen, MD
USC University of Southern California

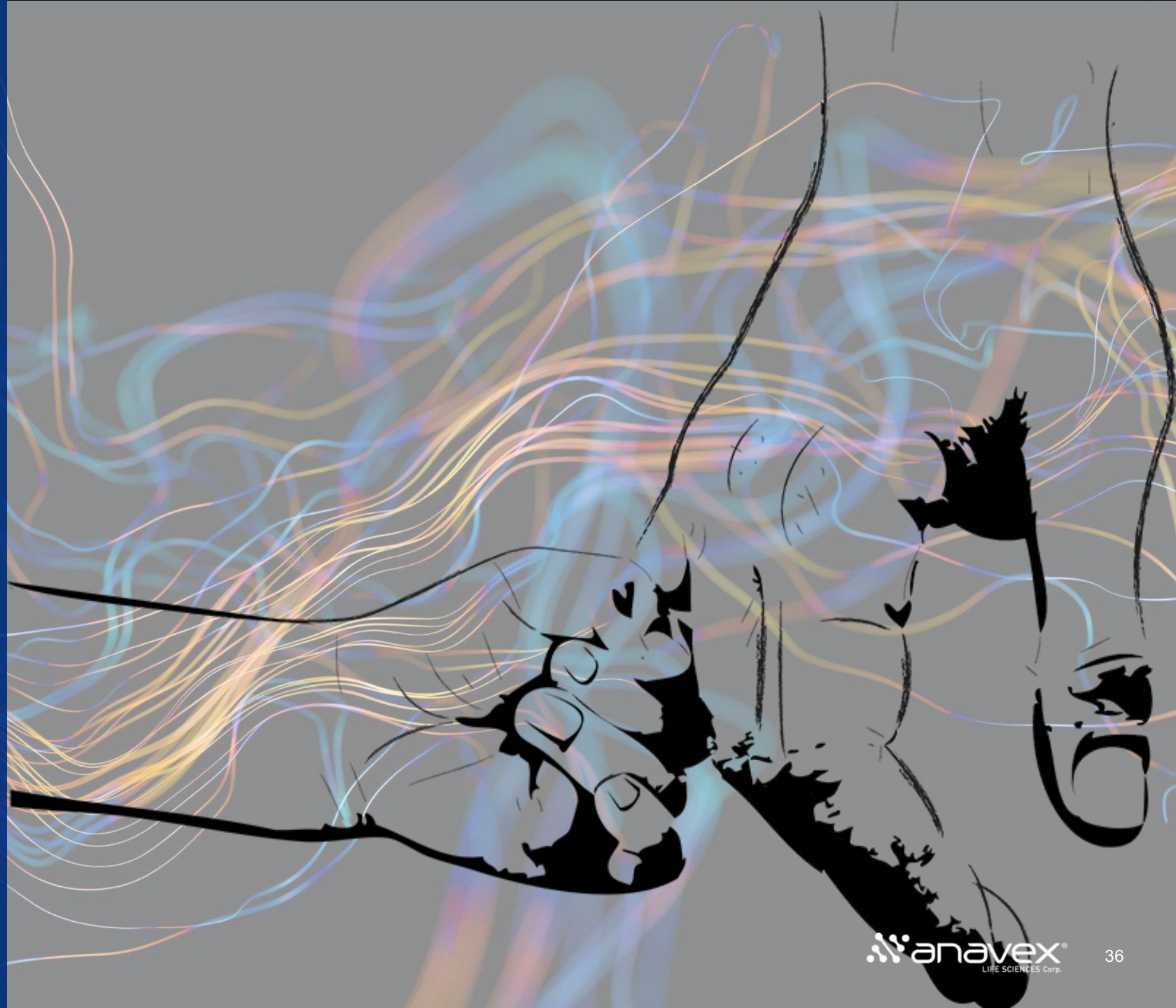
Tangui Maurice, PhD
Université de Montpellier

Daniel Weintraub, MD
Perelman School of Medicine, University of Pennsylvania

Corinne Lasmezas, PhD
Scripps Research

Anavex's Advantage is Precision Medicine Platform Scalability

Equitable and Accessible for Diverse Populations, and Maintaining Sustainability within Global Healthcare Systems



Contact Us

Corporate Office

Anavex Life Sciences Corp.
630 5th Avenue, 20th floor
New York, NY 10111

1-844-689-3939

Shareholder & Media Relations

ir@anavex.com
www.anavex.com

NASDAQ: AVXL