

1

Issuer (Shareholder)

 First Name, Surname / Company name

 Address

 Date of birth, Registerno.

 Deposit account no.

 Account maintaining credit institution

2

Revocation of Power of Attorney

General

I / We hereby revoke power of attorney to the person named below to execute the rights emerging from the former given power of attorney.

 First Name, Surname / Company name

 Address

 Date of birth, Registerno.

Revocation to the proxy named by VIENNA INSURANCE GROUP AG Wiener Versicherung Gruppe

I / We hereby revoke power of attorney to Dr. Michael Knap c/o IVA-Interessenverband für Anleger, Feldmuehlgasse 22/4, 1130 Vienna to execute the voting rights emerging from the former given power of attorney.

3

 Date

 Signature / company

 Signatures of all co-shareholders, if applicable

Please complete and return until 5 May 2011, 15:00 hours (CEST)

- by **mail / messenger** to VIENNA INSURANCE GROUP AG Wiener Versicherung Gruppe, Dept. VD100, attn. Mag. Sabine Stiller, Schottenring 30, 1010 Vienna
- by **fax** to +43 (0)1 8900 500 60

Or present the revocation on the day of the general meeting at the registration.