

**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 independent proxy named by VIENNA INSURANCE GROUP AG Wiener Versicherung Gruppe**  
 I / We hereby revoke power of attorney granted to Mr. Michael Knap c/o IVA-Interessenverband für Anleger, Feldmuehlgasse 22/4, 1130 Vienna, Austria, to execute the voting rights resulting from the former given power of attorney.

**3**

\_\_\_\_\_

Date \_\_\_\_\_ \_\_\_\_\_  
 Signature / Company Signatures of all co-shareholders, if applicable

**Please complete and return until 2 May 2013, 3.00 p.m. (CEST)**

- by **post**: VIENNA INSURANCE GROUP AG Wiener Versicherung Gruppe  
 Dept. VD100, attn. Ms. Sabine Stiller, Schottenring 30, 1010 Vienna, Austria
- by **fax**: +43 (0)1 89 00 500-60
- by **e-mail**: anmeldung.vig@hauptversammlung.at (as scanned attachment - TIF, PDF, etc.)

**Or present the revocation on the day of the General Meeting at the registration.**