

1

Issuer (Shareholder)

First Name, Surname / Company name

Address Date of birth / Registro.

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 / Registro.

- Revocation to the independent proxy named by VIENNA INSURANCE GROUP AG Wiener Versicherung Gruppe**
 I / We hereby revoke power of attorney granted to IVA – Interessenverband für Anleger (Austrian Shareholder Association), Feldmuehlgasse 22, 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 28 May 2015, 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.)
- by **SWIFT**: GIBAATWGGMS, Message Type MT598; please indicate in the wording ISIN AT0000908504.

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