

By granting this proxy I confirm that I have read the information disclosed by the Company on its website and contained in the convocation. I consent to the processing of my personal data (name/company name, address, date of birth/register number, number of securities account, number of shares, class of shares, if applicable, number of voting card and e-mail address) for the purpose of exercising shareholder rights in connection with the Annual General Meeting.

## 1 Shareholder granting proxy

\_\_\_\_\_  
First name, last name / company name

\_\_\_\_\_  
Street address, postal code, city/town

\_\_\_\_\_  
Date of birth / register no.

\_\_\_\_\_  
Securities account number

\_\_\_\_\_  
Bank

\_\_\_\_\_  
E-mail address (By granting proxy, the shareholder hereby confirms that only the shareholder has access to this e-mail address.)

If you are not granting this proxy as a shareholder but as the representative of a shareholder, please attach proof of your power of representation (power of attorney/proxy issued by the shareholder, appointment decree issued by the court, etc.).

## 2 Proxy

### General

I / We hereby authorise the person\* named below to execute the rights arising from the securities specified in item 3. The proxy holder is entitled to grant sub-proxies (please strike through if not applicable).

\_\_\_\_\_  
First name, last name / company name

\_\_\_\_\_  
Street address, postal code, city/town

\_\_\_\_\_  
Date of birth / register no.

\* Proxy may not be granted to VIENNA INSURANCE GROUP AG Wiener Versicherung Gruppe, its Managing Board or Supervisory Board members.

## 3 for the following securities

### no-par value shares (ISIN AT0000908504)

\_\_\_\_\_  
No. of shares Entitled to attend, vote and execute all other shareholder's rights.

**Limitation of proxy:**

## 4

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature / Company

\_\_\_\_\_  
Signatures of all co-shareholders, if applicable

**In the interest of the shareholder, the proxy form should be completed and returned to the Company by 25 May 2023, 3:00 p.m. (CEST), by one of the following options indicated below.**

- By post: VIENNA INSURANCE GROUP AG Wiener Versicherung Gruppe  
c/o HV-Veranstaltungsservice GmbH,  
Köppel 60, 8242 St. Lorenzen am Wechsel
- By fax: +43 (0) 1 89 00 500-50
- By e-mail: anmeldung.vig@hauptversammlung.at (as a scanned attachment – TIF, PDF, etc.)
- By SWIFT: GIBAATWGGMS  
Message type MT598 or MT599; always state ISIN AT0000908504 in the text

**or the proxy can be presented at the registration desk of the day of the Annual General Meeting.**

Please bring a valid official photo identification and the proxy to the Annual General Meeting (registration desk). If the original proxy has already been sent to the Company, you will make entering easier if you take a copy of the proxy along.

VIENNA INSURANCE GROUP AG Wiener Versicherung Gruppe reserves the right to identify the persons appearing for the meeting. If a person cannot be identified, admission may be refused.

For additional information please go to: [www.vig.com/annual-general-meeting](http://www.vig.com/annual-general-meeting)