

Sender:

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*[Insert name, address and phone number or e-mail address for queries, if any.]*

**UNIQA Insurance Group AG**  
**Investor Relations**  
**UNIQA Tower**  
**Untere Donaustraße 21**  
**A-1029 Vienna**  
**Fax: +43 (0)1 8900 500 95**  
**E-Mail: anmeldung.uniqa@hauptversammlung.at**

**SWIFT Message Type MT598 to SWIFT address GIBAATWGGMS,**  
**reference ISIN AT0000821103**

## **P R O X Y   V O T E   F O R M**

**to exercise the voting right at the 16<sup>th</sup> ordinary Annual General Meeting of  
UNIQA Insurance Group AG (FN 92933t) on 26 May 2015**

I/We

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*[Name, address and date of birth of individuals; name or company name, address, register and registry number of legal entities in its country of origin]*

am/are shareholder(s) of UNIQA Insurance Group AG and hereby authorize

**Mister Dr. Michael KNAP, Vice-President of Interessenverband für Anleger (IVA)**

to represent me/us and to vote for me us/for ..... shares at the 16<sup>th</sup> ordinary Annual General Meeting of UNIQA Insurance Group AG on 26 May 2015.  
Mister Dr. Michael Knap is entitled to grant sub-authorization.

\_\_\_\_\_  
[Place]

\_\_\_\_\_  
[Date]

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*[Signature/authorized signature]*

END OF STATEMENT

Sender:

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*[Insert name, address and phone number or e-mail address for queries, if any.]*

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**reference ISIN AT0000821103**

## **R E V O C A T I O N of P R O X Y**

**to exercise the voting right at the 16<sup>th</sup> ordinary Annual General Meeting of  
UNIQA Insurance Group AG (FN 92933t) on 26 May 2015**

I/We

---

*[Name, address and date of birth of individuals; name or company name, address, register and registry number of legal entities in their country of origin]*

am/are shareholder(s) of UNIQA Insurance Group AG and have authorized

**Mister Dr. Michael KNAP, Vice-President of Interessenverband für Anleger (IVA)**

to represent me/us and to vote for me/us at the 16<sup>th</sup> ordinary Annual General Meeting of UNIQA Insurance Group AG.

**I/We hereby revoke that proxy for [*number of*] shares.**

\_\_\_\_\_  
[Place]

\_\_\_\_\_  
[Date]

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*[Signature/authorized signature]*

END OF STATEMENT