Verbund		r processing, please provide the following information as completely as possible. ation on the shareholder or shareholders (in the case of multiple deposit holders)
Name(s)/company		
Address (postal code, city, street	. street number)	
	,,	
in the case of natural persons: da	ate of birth / in the case of legal	entities: registry and register number (if applicable)
Name and address of bank maintaining the deposit account		
Bank code or BIC		Deposit account no.

## **REVOCATION of Power of Attorney**

to exercise the voting right at the 68th Annual General Meeting of VERBUND AG on 22 April 2015 FN 76023 z

I/We,;		
(Issuer with name/company and address)		
hereby revoke the power of attorney which I/we granted		
to,		
(name/company)		
(address of the proxy)		
to represent me/us at the Annual General Meeting referenced above.		
Telephone number and/or e-mail address in case of questions:		
(place, date) (signature or first and last name/company) Qualifies as a valid declaration pursuant to Section 13(2) of the Austrian Stock Corporation Act (AktG) Transmission in text format		

IMPORTANT: This revocation shall not become valid unless it is received by the Company via one of the options below no later than by the respective date and time specified:

By mail or courier:	VERBUND AG
-	Corporate Affairs, att. Dr. Andreas Bräuer, Am Hof 6a, 1010 Vienna, Austria
	(receipt by 21 April 2015, 16:00 CEST)
By fax:	+43 (0)1 8900500-70
	(even on the day of the Annual General Meeting, provided that the revocation is received no later
	than 30 minutes prior to commencement of the Annual General Meeting)
Or by e-mail:	anmeldung.verbund@hauptversammlung.at
	(even on the day of the Annual General Meeting, provided that the revocation is received no later than 30 minutes prior to commencement of the Annual General Meeting)

Or, at the latest, present the revocation of power of attorney on the date of the Annual General Meeting when registering at the meeting place.