

Name(s)/company

Address (postal code, city, street, street number)

in the case of natural persons: date 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 69th Annual General Meeting
 of VERBUND AG on 13 April 2016
 FN 76023 z

I/We,

.....
 (Issuer with name/company and address)

hereby revoke the power of attorney which I/we granted

to *Dr. Michael Knap, Interessenverband für Anleger (IVA)*,.....
 (name/company)

.....*Feldmühlgasse 22, 1130 Vienna, Austria*.....
 (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 and by the deadline specified below:

By mail or courier:

Dr. Michael Knap, Interessenverband für Anleger (IVA),
 Feldmühlgasse 22, 1130 Vienna,

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.