

Revocation of proxy given to a person of your choice Revocation of proxy authorization and instructions to the proxies nominated by the Company

Shareholder-ID: _____ Name / Company: _____

Number of shares: _____ First name: _____

Phone number:* _____ E-mail address:* _____

* voluntary information

To be returned **no later than 9 August 2023, 24:00 hours (CEST)**, (receipt) to:

Medigene AG
c/o Better Orange IR & HV AG
Haidelweg 48
81241 Munich
Germany

E-mail: medigene@better-orange.de

Please tick unambiguously:

I/We hereby **revoke the authorization granted to the proxies nominated by the Company** for the general meeting on 10 August 2023.

I/We hereby **revoke the authorization** for the general meeting on 10 August 2023 **granted to**

Last name: _____

First name: _____

Place of residence: _____

Place Date Signature(s) or Person making the declaration (legible)