EXOR S.p.A. – Annual General Meeting, May 29, 2015 **Proxy form**

Complete the required information, sign and send the form to the Company as per the instructions provided at the bottom of the form ¹

Mr./Ms. ²	. born in	on ٦	ax Code
Mr./Ms. ² at (street address)			
holder of n shares EXOR ORDINARY held in share account ³ no at		Bank Code	Branch Code
pursuant to communication no. ⁴ issued by DELEGATES	·		
to appear and represent him/her at the general meeting of EXOR S.p.A. to May 29, 2015, 10.00 a.m. on single call.	be held at the Lingotto Congress	Centre – Sala	a 500, Via Nizza n. 280 - TURIN, on
The undersigned, ⁶ DECLARES that he/she has entitlement to the voting rights attached to the solution of legal representative - attorney with power of sub-delegation - secured of other (specify)	shares and executes this proxy in		
DATE Identity Document ⁷ (<i>type</i>) issued by	no	SIGNATU	RE

Instructions

¹ The original Proxy Form must be sent to the delegate who presents it to the Company at registration. An advance copy of the form can be sent directly to the Company by

as an attachment in PDF format to an e-mail sent to "delegheexor@pecserviziotitoli.it" provided that the attachment is signed by an advanced, qualified or digital ٠ signature, pursuant the Italian "digital code law" or, failing that, through a secure (certified) e-mail box of the delegating party, even if he is a legal person.

² Indicate name/surname or company name of shareholder as stated on the communication issued to the Company by the authorized intermediary.

³ Provide number of share account, in addition to bank and branch code of authorized intermediary (or name of institution) as they appear on the account statement.

⁴ Details of communication sent by authorized intermediary and name of intermediary, if different from institution where share account is held. ⁵ Provide name and surname of delegated.

⁶ Indicate name and surname of holder of voting rights and capacity if other than owner of above shares.

⁷ Provide reference details of valid identity document of the proxy signatory.

fax to +39 011 0923202, or •