To
ALPHA BANK
Back Offices Division - Investments
Shareholders' Section
40 Stadiou Street
GR-102 52 ATHENS

DECLARATION - PROXY FOR THE PARTICIPATION IN THE EXTRAORDINARY GENERAL MEETING OF SHAREHOLDERS OF "ALPHA BANK A.E."

| Full Name/Company Name | : | | |
|---|--|---|--|
| Father's Name | : | | |
| Representative (for legal entities) | : | | |
| Certification | :ID Card No: | Tax Registration No: | Tax Office: |
| Address/Headquarters | : | | |
| Contact Number/Person | : | | |
| Investor Account Number in the DSS | : | | |
| Number of Shares | · | | |
| | the total number from which I will have a voting right on the "record date", as defined in article 124 par. 6 of law 4548/2018 | | |
| | <u> </u> | (exact numbe | er of shares) |
| convene at the Hilton Athens Hotel (46 at 9:00 or anywhere else or at any othen nitial Meeting and I declare that I interfrom the above-mentioned shares, in a proxy, and to that end I grant hereby to | er time, due to adjour nd to participate in it a accordance with the L | nment, postponement, continund exercise the total number o | ance or iteration of the f voting rights deriving |
| 1. Full Name: | | Father's Name: | |
| Address: | | ID Card No: | |
| 2. Full Name: | | Father's Name: | |
| Address: | | ID Card No: | |
| 3. Full Name: | | Father's Name: | |
| Address: | | ID Card No: | |
| the mandate, power of attorney and rig Meeting of "ALPHA BANK A.E." which Athens) on Wednesday, November 20 costponement, continuance or iteration and on my behalf on all items of the ag and, in general, to perform any action General Meeting, until the completion | will convene at the H, 2019 at 9:00 or anyon of the initial Meeting genda at his/her/their necessary for my law | ilton Athens Hotel (46, Vassilis where else or at any other time , to participate in the discussion discretion, to exercise any of m | sis Sofias Avenue, de, due to adjournment, ons, to vote in my name my rights at the Meeting |
| approve and recognise as lawful, vali | | g any action of the above perso | on/s, which will take |
| The present shall be invalidated if I pa | rticipate in person at t | he above Extraordinary Gener | ral Meeting. |
| | | (Place) | 2019 (Date) |
| | | THE SHAREHOL | DER |

(Verification of signature)

Please send the "Declaration - Proxy" to the Bank, duly filled-in and signed and with verification of signature, by fax at +30 210 326 5506 or by e-mail at ShareholdersSection@alpha.gr or submit it at the Shareholders' Section, 40 Stadiou Street, GR-102 52 ATHENS or at any of the Bank's Branches, at least forty eight (48) hours prior to the date of the Extraordinary General Meeting at the latest, during business days and hours in Greece.