

.....
(place and date)

**Power-of-Attorney granted on behalf of a legal person
or organizational unit that is not a legal person but has legal capacity granted by the act
to participate in the Extraordinary Shareholder Meeting of
Powszechny Zakład Ubezpieczeń Spółka Akcyjna
convened for 12 April 2017**

I/We, the undersigned (first name and surname),
holding (specify type and number of the identity document),
residing at (place of residence and address)
e-mail, phone no.;
holding (specify type and number of the identity document),
residing at (place of residence and address)
e-mail, phone no.
authorized to act on behalf of (business name/ name of the Shareholder)
with its registered office in, (address),
entered in (register, entry no.)
represent that (business name/ name of the Shareholder)
with its registered office in, is a **Shareholder of Powszechny Zakład Ubezpieczeń
Spółka
Akcyjna with its registered office in Warsaw ("PZU SA")**, authorized under
(say:) shares of PZU SA ("Shareholder")

and I/We hereby authorize:

Mr./Ms. (first name and surname),
holding (specify type and number of the identity document)
residing at (place of residence and address)
e-mail, phone no.
or
..... (business name/name of the entity) with is registered office in,
(address)....., entered in (register, entry no.)

e-mail, phone no. **

to represent the Shareholder at the Extraordinary Shareholder Meeting of PZU SA, convened for 12 April 2017 at 11 a.m. in the Company's registered office in Warsaw at a. Jana Pawła II 24, 00-133 Warsaw, and in particular to participate and take the floor during the Extraordinary Shareholder Meeting, to sign the attendance list and to vote on my behalf under (in words:) shares of PZU SA according to the instruction on how to vote attached to this power-of-attorney/at the proxy's discretion.***

The aforementioned proxy is authorized to represent the Shareholder at the Extraordinary Shareholder Meeting of PZU SA also if the Extraordinary Shareholder Meeting of PZU SA is adjourned.

The proxy is authorized / is not authorized*** to grant further powers-of-attorney.

.....

(signature)

* fill out if the power-of-attorney is given to a natural person.

** fill out if the power-of-attorney is given to a person, which is not a natural person.

*** delete as applicable.