English translation for courtesy purposes only. In case of discrepancies between the Italian version and the English version, the Italian version shall prevail

To Banca Monte dei Paschi di Siena SpA

PROXY FORM FOR SHAREHOLDERS' MEETING

	I, the undersigned,
	Surname Name
DELEGATING PARTY	place of birth date of birth
	resident in
	or
	Company name
	Registered office
EG	
DE	
	Tax code/social security no
	telephone e-maile-mail
	HEREBY DELEGATE
>	Surname
1st DELEGATED PARTY	place of birth date of birth
	resident in
	or
	Company name
LEG	Registered office
DE	
Lst	
` '	Tax code/social security no
	who may in turn elect to be replaced by
	SurnameName
Σ	place of birth date of birth
PA	resident in
2nd DELEGATED PARTY	or
ATE	Company name
EG.	Registered office
E	
<u>ا</u> و	
2r	
	Tax code/social security no
	to represent me at the Shareholders' Meeting of Banca Monte dei Paschi di Siena S.p.A., summoned on
	September 15, 2015, ordinary session, and exercise voting rights in relation to:
	□ (number) ordinary shares of Banca Monte Dei Paschi di Siena S.p.A.
	deposited with:
	Please, provide details of valid identity document for proxy signatory; if the delegating party is a
	Company, please provide details and capacities of the signatory (e.g. Chairman, Chief Executive Officer,

etc.):

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Identity document (type)	issued by	no	•	
Date,				
	Signature			
I authorize the processing of my personal d	lata in accordance to Legisla	ative Decree no. 196 of 30 June 200)3 (the	
Italian "Personal Data Protection Code") and	dits communication to Banca	a Monte dei Paschi di Siena S.p.A. so	lely for	
the purposes connected with the activities o	f the Shareholders' Meeting	•		
	Signature			