

VOTING PROXY

THE UNDERSIGNED

Name : _____

Address : _____

acting on behalf of (*only to be completed in case depository receipts holder is a legal entity*):

Name : _____

Address : _____

hereinafter referred to as the "**Principal**", acting in his/her capacity as holder of _____
(number) depository receipts for shares in the capital of Triodos Bank N.V. issued by Stichting
Administratiekantoor Aandelen Triodos Bank, hereinafter referred to as "**SAAT**".

GRANTS POWER OF ATTORNEY TO

Please check the applicable box.¹

the Chair of the Board of SAAT

Possibility to include the name of an authorised person of your own choice.

Hereinafter referred to as the "**Proxyholder**",

for the performance in the Principal's name of the following legal acts:

- (a) representing the Principal at the Meeting of Depository Receipt Holders of SAAT to be held on 26 May 2023 (the "**SAAT Meeting**");
- (b) representing the Principal at the Annual General Meeting of Triodos Bank N.V. to be held on 26 May 2023 (the "**AGM**");
- (c) attending and addressing the SAAT Meeting and the AGM and exercising the meeting rights therein;
- (d) exercising at the SAAT Meeting the voting rights of the Principal attached to the depository receipts in accordance with the instruction included below, provided that, if no choice is made or if it is otherwise unclear how the Principal instructs its vote to be cast, the Proxyholder shall vote as it deems fit.

¹ In case no box is checked or in case the checked box is unclear, the proxy will be deemed to be granted to the Chair of the Board of SAAT

<i>Agenda item</i>	<i>Voting item</i>	<i>In favour</i>	<i>Against</i>	<i>Abstain</i>
3.	Reappointment Mercedes Valcárcel as Board of SAAT member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This power of attorney is granted with the right of substitution. The relationship between the Principal and the Proxyholder under this power of attorney is governed exclusively by the laws of the Netherlands.

Signature _____

Name :

Date :

Please attach a photocopy of your valid means of identification and the e-mail confirmation of your participation