

Power of attorney

Please send the power of attorney, signed and dated, together with other authorisation documents (if necessary) by post to Avanza Bank Holding AB, "AGM", c/o Euroclear Sweden, P.O. Box 191, SE-101 23 Stockholm, Sweden or by e-mail to GeneralMeetingService@euroclear.com.

The following person:	
Name of proxy:	
Personal identity number of proxy (if owning shares):
Street address:	
Zip code and city:	
Telephone number (office hours): .	
is hereby authorised to represent a Meeting of Avanza Bank Holding A	ll of my/our shares at the Annual General B (publ) on 24 April 2025.
Shareholders' name/company:	
Personal identity No. /Organisation	No.:
Telephone number (office hours): .	
Place and date (obligatory):	
Signature of shareholder granting pon behalf of a legal entity).	power of attorney (or person authorised to sign
Signature	

If the person granting the power of attorney is a legal entity then an up-to-date registration certificate or similar document must be enclosed with this power of attorney as evidence of authorisation to sign on behalf of the legal entity.