

# PROXY DOCUMENT FOR AGM

## Citycon's Annual General Meeting on 21 March 2023

The undersigned (hereinafter also the "principal" or "shareholder") authorizes the following proxy (hereinafter also the "proxy representative") to represent himself/herself/itself and to exercise the right of presenting questions and voting rights belonging to the principal at Citycon's Annual General Meeting on 21 March 2023

Proxy representative of my own choice, as follows:

Fill in the name of the proxy representative: \_\_\_\_\_

Fill in the personal ID of the proxy representative: \_\_\_\_\_

A proxy representative of shareholder's own choice must deliver the proxy document given to him/her including an advance voting form by regular mail to Euroclear Finland Oy, Yhtiökokous / Citycon Oyj, P.O. Box 1110, FI-00101 Helsinki, Finland or by e-mail to [yhtiokokous@euroclear.eu](mailto:yhtiokokous@euroclear.eu) at the latest by 14 March 2023 at 4:00 pm, by which time the documents or corresponding information must be received.

The principal accepts everything that the proxy representative legally does or fails to do under this proxy document. The principal also agrees to the transmission of information in accordance with this proxy document to Citycon Corporation and Euroclear Finland Oy, as well as between these parties, to be used in connection with the Annual General Meeting and the processing of thereto related necessary registrations.

### Information of the principal:

The personal information provided on this proxy form is used to identify a shareholder through a comparison to information in the book-entry system, as well as to confirm shareholdings on the record date of the Annual General Meeting. The personal information will be stored in Euroclear Finland's database for General Meetings for the Company's use, and information will not be used for any other purposes or for any other General Meetings.

Shareholder's name*	
Personal ID*, business ID (Y-tunnus)*, or Euroclear artificial ID (X-tunnus)*	
Address*	
Postal code and town/city*	
Country*	
Phone number*	
E-mail	

\*The information is mandatory.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_