

**THIS DOCUMENT IS IMPORTANT AND REQUIRES YOUR IMMEDIATE ATTENTION.** If you are in any doubt as to the action you should take, you are recommended to seek immediately your own financial advice from your stockbroker, bank manager, accountant or other independent financial adviser authorised under the Financial Services Markets Act 2000, if you are in the United Kingdom or, if not, from another appropriately authorised independent financial adviser. This Scrip Mandate Form is not transferable.

## **Hiscox Ltd Scrip Dividend Alternative Mandate Form**

**If you wish to participate in the Scrip Dividend Alternative, please sign and return this form, in the envelope provided, to Capita Registrars, Corporate Actions, The Registry, 34 Beckenham Road, Beckenham, Kent BR3 4TU.**

To be effective for a particular dividend, your Scrip Mandate Form must be received by Capita Registrars at least 15 business days before a dividend payment date. **If you wish to continue to receive your dividends in cash or you hold a beneficial interest in shares through depositary interests issued by Capita IRG Trustees Limited, you should NOT complete or return this Scrip Mandate Form. Forms received in respect of depositary interests will not be accepted and will be rejected.**

Unless revoked, this Mandate will apply to all future dividends in respect of which a scrip dividend alternative is offered by the Directors in respect of your entire shareholding. This Mandate may be revoked by you at any time by writing to Capita Registrars at the above address.

Please return the Mandate Form in the envelope provided.

To the Directors of Hiscox Ltd

I/We the undersigned, being the registered holder(s) of shares in the Company, confirm that I/We have read and understood the Terms and Conditions of the Scrip Dividend Alternative. I/We hereby elect to receive an allotment of New Shares instead of cash, in respect of any future dividend for which a scrip dividend alternative is offered, for my/our maximum entitlement, subject to and in accordance with the Bye-Laws of the Company and the Terms and Conditions of the Scrip Dividend Alternative as modified from time to time.

By signing this Mandate form, I/we confirm that I/we am/are not prohibited from receiving or electing to receive scrip dividends in accordance with the Terms and Conditions of the Scrip Dividend Alternative and the regulatory and legal requirements of any applicable overseas jurisdiction.

I/We hereby authorise you to make payment of or to retain any cash balances to be carried forward under the Scrip Dividend Alternative in accordance with the Terms and Conditions of the Scrip Dividend Alternative. This Mandate will apply for all future dividends that are paid by the Company, pursuant to the Scrip Dividend Alternative, on all the shares registered in my/our name(s), until this mandate is revoked by me/us by notice in writing to Capita Registrars.

I/We authorise you to send me/us by post, at my/our own risk, a share certificate in respect of New Shares allotted and issued to me/us under the Scrip Dividend Alternative.

\*If you hold your Hiscox Ltd shares jointly with others, you must arrange for all joint holders to sign this Scrip Mandate Form. In the case of a corporation, this form should be executed under its common seal or be signed by a duly authorised official whose capacity must be stated.

Signature - holder 1\*

Signature - holder 2

Signature - holder 3

Signature - holder 4

Daytime telephone number

Email address

Date