

Proxy to a person of your choice

Place

Date

Haidelweg 48	·	3, 202 ⁻	1, 24	l.00	hou	I	E-ma	nan		ss:*	_											
voluntary information To be returned no later than MorphoSys AG c/o Better Orange IR & HV A Haidelweg 48	·	3, 202 ⁻	1, 24	J.00	houi			ail ac	ddre	ss:												
MorphoSys AG c/o Better Orange IR & HV A Haidelweg 48	·	3, 202 [,]	1, 24	.00	hour	s [m	اماما:	E-mail address:*														
c/o Better Orange IR & HV A Haidelweg 48	G						iiani	ght]	(CE	ST),	(rece	ipt) t	o :									
c/o Better Orange IR & HV AG						E-mail: Fax:					morphosys@better-orange.de +49 (0)89 889 690 655											
Note: Please explicitly inform													the d	sclos	sure	of pe	erson	al da	ata.			
First name of proxy ***		1							1	1											٦	
Last name or Company	of proxy	y *** 								1											7	
Street of proxy ***									1	1							No '				7	
Country ZIP (Code***	- -			Plac	ce of	resid	denc	e of	proxy	/ *** 						1				٦	
E-mail of proxy																						
E-mail of proxy																					7	
*** Mandatory fields																						
•										_		_					_					
to represent me/us with disc authorization to another pers		-							•	oSys	AG (on IV	lay 1	9, 20	21 v	vith t	he p	ower	to c	ele	jate t	
Note: After receipt of the po service will be created for th address details of the proxy be transmitted to the grantor	wer of a e proxy. are inco	attorne . Thes emplete	y or e wi	the II be e ind	proo seni dividu	f of a t dire	autho ctly cces	orizatorizatorizat	tion, e pr	oxy if the ן	the soroxy	addr	ess c	letail	s of	the p	oroxy	are	com	plet	e. If t	

Signature(s) or Person making the declaration (legible)