

PROXY FORM

I unders	signea				
Surname	e:		Name:		
Place of birth:				Date of birth:	
or					
Compan	y business name:				_
Address	<u> </u>			_	
		Permanent address	or registered office	Town	Prov.
Tax id n	0:				
Tel.:			E-mail.:		
			hereby appoint	t .	
Surname	e:		Name:		
or					
Compan	y business name:				_
With the	faculty of being sul	bstituted by:			
Surname	e:		Name:		
or					
	y business name:				
-			Falance Halia O a A anilada	- 05 May 0040 at 44 00 haves in Dame	
3 (single		nareholders inleeting of i	relecom Italia S.p.A. called of	n 25 May 2016, at 11.00 hours, in Rozz	ano (Milan), viale Toscana
with	reference to no		ordinary shares of Telecom	Italia	
	releterice to rio		_ ordinary shares or relecon	italia	
or					
all ti	he ordinary shares	of Telecom Italia for whicl	h the appropriate notification	for attendance at the Shareholders' Me	eting has been requested
DATE _			SIGNATURE		
	The proxy for address:	orm may be sent in copy	or notified to the Company,	to be received by 24 May 2016, either	r on paper to the following
	TELECOM I				
	Via Gaetano				
	20123 MILAI or by fax to		by e-mail to the following a	ddress: assemblea.azionisti@pec.tele	comitalia.it, or through the
	specially cre	ated section of the websit	te www.telecomitalia.com/agn	n, where further information is available	
			nformation may be made by: 800020220 (for calls from ins	side Italy),	
	o th	e telephone no: +39 011	2293603 (for calls from outside	de Italy),	
	o e-	man address: assemblea	.azionisti@pec.telecomitalia.i	<u>L</u>	