

SIRIUS GROUP
ENROLLMENT FORM
DIVIDEND REINVESTMENT PLAN

I (we) hereby elect to participate in the Sirius Group Dividend Reinvestment Plan (the "Plan"), and any successor plan, in accordance with the provisions as outlined in the Plan and the prospectus describing such Plan. By checking the appropriate box and signing my (our) name(s) on this Enrollment Form, I (we) hereby:

1. Acknowledge receipt of the prospectus describing the Plan.
2. Authorize Sirius International Insurance Group, Ltd. ("Sirius Group") to pay Continental Stock Transfer & Trust Company, as Plan Administrator for my (our) account, all cash dividends payable on the Common Shares registered in my (our) name.
3. Authorize the Plan Administrator, as agent, to retain for credit to my (our) account such cash dividends, and any Common Shares that are distributed as a non-cash dividend paid on such shares.
4. Authorize the Plan Administrator, as agent, to apply such cash dividends to the purchase of Common Shares for my (our) account in accordance with the terms and conditions of the Plan.
5. Agree to the terms and conditions of the Plan.

FULL DIVIDEND REINVESTMENT- I (we) wish to reinvest dividends on all shares registered in my (our) name.

PRINT ACCOUNT NAME(s) _____

PRINT MAILING ADDRESS _____

SIGNATURE(s) _____

ACCOUNT NUMBER _____

DAYTIME TELEPHONE NUMBER _____

EMAIL ADDRESS _____