

# Power of attorney regulations for natural persons

Authorization (excluding in particular e-trading, retirement savings account 3a, vested benefits account, life insurance, mortgage, credit card, personal loan and property insurance) between PostFinance and the contractual partner, hereinafter referred to as the customer:

Partner number\* \_\_\_\_\_ Order number\* \_\_\_\_\_  
 \* optional information

## 1. Customer details

<input type="checkbox"/> Mr		<input type="checkbox"/> Ms		<input type="checkbox"/> and details for partner relationship	
<input type="checkbox"/> Mr		<input type="checkbox"/> Ms			
Last name _____		Last name _____			
First name _____		First name _____			
Street _____		No. _____		Street _____	
Postcode _____		Postcode _____		No. _____	
Location _____		Location _____		Postcode _____	
Country _____		Country _____		Location _____	
Date of birth _____		Date of birth _____		Country _____	
				Date of birth _____	

## 2. Issue authorization

The Customer authorizes the person below to be his/her legal representative to PostFinance. In particular, the authorized person is entitled to access the assets invested at PostFinance in the name of the Customer and to submit other legally binding statements, including subscribing to certain new services and potentially ending the business relationship. The person is also entitled to obtain information on all stocks/transactions retroactively on all authorized accounts and custody accounts, or to request them via e-finance. The signatures as well as all declarations made and all measures taken by the authorized person are binding for the principal. The authorization does not expire if the Customer dies, loses the capacity to act or becomes insolvent (Article 35 of the Swiss Code of Obligations). It shall remain in force until PostFinance receives written revocation thereof, that is provided that PostFinance does not authorize other communication channels to revoke it at that point in time. The authorized person and the Customer shall notify PostFinance promptly of any changes to the personal details given below of the authorized person.


The following power of attorney regulations apply:

- to all current and future business relationships or
- only to the following IBAN/custody account no.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>Authorized person 1</b>		Signature	<input type="checkbox"/> sole*	<input type="checkbox"/> collective		<b>Authorized person should sign within the box</b> For information on data protection, see point 4.
		* Unless otherwise indicated, sole signing authority will be issued.				
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms					
Last name _____						
First name _____						
Date of birth _____						
Street _____		No. _____				
Postcode _____		Location _____				
Country _____						
Nationality		<input type="checkbox"/> CH		other _____		
Relationship to Customer <sup>1</sup> _____						
<sup>1</sup> How the authorized person is related to the Customer (e.g. mother, father, partner and so on).						




**Authorized person 2** Signature  sole\*  collective  
 \* Unless otherwise indicated, sole signing authority will be issued. 

Mr  Ms

Last name \_\_\_\_\_  
 First name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Street \_\_\_\_\_ No. \_\_\_\_\_  
 Postcode \_\_\_\_\_ Location \_\_\_\_\_  
 Country \_\_\_\_\_  
 Nationality  CH other \_\_\_\_\_  
 Relationship to Customer<sup>1</sup> \_\_\_\_\_

<sup>1</sup> How the authorized person is related to the Customer (e.g. mother, father, partner and so on).

**Authorized person should sign within the box**  
 For information on data protection, see point 4.

**Authorized person 3** Signature  sole\*  collective  
 \* Unless otherwise indicated, sole signing authority will be issued. 

Mr  Ms

Last name \_\_\_\_\_  
 First name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Street \_\_\_\_\_ No. \_\_\_\_\_  
 Postcode \_\_\_\_\_ Location \_\_\_\_\_  
 Country \_\_\_\_\_  
 Nationality  CH other \_\_\_\_\_  
 Relationship to Customer<sup>1</sup> \_\_\_\_\_

<sup>1</sup> How the authorized person is related to the Customer (e.g. mother, father, partner and so on).

**Authorized person should sign within the box**  
 For information on data protection, see point 4.

**3. Remove power of attorney**

The current power of attorney regulations should be treated as follows:

- All current powers of attorney are to be deleted
- only the power of attorney of the following person(s) is to be deleted

Last name _____	Date of birth _____
First name _____	_____

Last name _____	Date of birth _____
First name _____	_____



**4. Data protection**

Information on how PostFinance processes your personal data can be found in the "Information on data protection" enclosure or in our privacy policy at [postfinance.ch/dps](http://postfinance.ch/dps).

**5. Signature(s)**

The customer confirms the authenticity of the above signatures and acknowledges the powers of attorney that have been granted.

Date (DD.MM.YYYY) \_\_\_\_\_ Location \_\_\_\_\_

Signature  \_\_\_\_\_  
 Signature (partnership)  \_\_\_\_\_

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Last name \_\_\_\_\_ Last name \_\_\_\_\_  
 First name \_\_\_\_\_ First name \_\_\_\_\_

Please send the form to: PostFinance Ltd, Scan Center, 3002 Berne

