Power of attorney regulations
for legal entities, partnerships and sole proprietorships
(applies to holders/bodies and authorized persons with or without substitution)

PostFinance

Authorization (excluding in particular credit card and property insurance) between PostFinance and the following contractual partner, hereinafter referred to as the customer:

Partner number* _____   Order number* _____
* optional information

1. Customer details

Company/Name _____

Street (Domicile) _____   No. _____

Postcode _____

Location _____

Country _____

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 person may also issue sub-authorizations to third parties (known as e-rights) in e-finance. The signatures as well as all declarations submitted and 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.

Authorized person 1   ☐ Ms   ☐ Mr

Last name _____

First name _____

Street _____   No. _____

Postcode _____   Location _____

Country _____

Date of birth _____

Function _____

Nationality ☐ CH   other _____

Authorized person should sign within the box

The power of attorney arrangement applies:

☐ to all current and future business relationships

or

☐ only to the following account/custody account number

_____

_____

_____

or

☐ only for account/custody account numbers as per the list enclosed

Type of signature (only 1 selection possible)

☐ sole   ☐ collective

☐ collective group A**   ☐ collective group B**

Substitute power of attorney (optional)

☐ By selecting this option, the authorized person is granted extensive representation rights. They can be the principal's representative to PostFinance in all matters (including those of a strategic nature). In particular, the authorized person is entitled to authorize other individuals.

For information on data protection, see point 4.

Authorized person 2 ☐ Ms ☐ Mr

Last name _____ ✎ ⌐   ⌐

First name _____

Street _____ No. _____

Postcode _____ Location _____

Country _____

Date of birth _____   **Authorized person should sign within the box**

Function _____

Nationality ☐ CH   other _____

The power of attorney arrangement applies:

☐ to all current and future business relationships

or

☐ only to the following account/custody account number

_____

_____

_____

or

☐ only for account/custody account numbers as per the list enclosed

Type of signature (only 1 selection possible)

☐ sole   ☐ collective

☐ collective group A**   ☐ collective group B**

Substitute power of attorney (optional)

☐ By selecting this option, the authorized person is granted extensive representation rights. They can be the principal's representative to PostFinance in all matters (including those of a strategic nature). In particular, the authorized person is entitled to authorize other individuals.

For information on data protection, see point 4.

Authorized person 3 ☐ Ms ☐ Mr

Last name _____ ✎ ⌐   ⌐

First name _____

Street _____ No. _____

Postcode _____ Location _____

Country _____

Date of birth _____

Function _____   **Authorized person should sign within the box**

Nationality ☐ CH   other _____

The power of attorney arrangement applies:

☐ to all current and future business relationships

or

☐ only to the following account/custody account number

_____

_____

_____

or

☐ only for account/custody account numbers as per the list enclosed

Type of signature (only 1 selection possible)

☐ sole   ☐ collective

☐ collective group A**   ☐ collective group B**

Substitute power of attorney (optional)

☐ By selecting this option, the authorized person is granted extensive representation rights. They can be the principal's representative to PostFinance in all matters (including those of a strategic nature). In particular, the authorized person is entitled to authorize other individuals.

For information on data protection, see point 4.

** If required, collectively authorized persons may be divided up into groups. This means persons from group A can only sign with persons from group B or persons not categorised into any group.

3. Remove power of attorney

☐ The power of attorney of the following person(s) is to be deleted

| Last name | _____ | First name | _____ | Date of birth | _____ |
| Last name | _____ | First name | _____ | Date of birth | _____ |

Once the authorization is cancelled, **any e-finance authorization is also cancelled, as is any PostFinance Card.**

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.

5. Signature(s)

The Customer confirms the authenticity of the signatures provided above and recognizes the authorizations granted.

Signature of the holder/body or of the person authorized for substitution. For collective signing, two signatures are required.

Location _____   Date _____

Signature   Signature

Last name _____   Last name _____
First name _____   First name _____

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