

# Power of attorney regulations for natural persons

Authorization (excluding e-trading, retirement savings account 3a, vested benefits account, life insurance, mortgages and credit cards) between PostFinance and the following contractual partner, hereinafter referred to as the Customer:

IBAN/securities account number \_\_\_\_\_

## 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	_____ No. _____
Postcode	_____ Location _____	Postcode	_____ Location _____
Country	_____	Country	_____
Date of birth (DD.MM.YYYY)	_____	Date of birth (DD.MM.YYYY)	_____

## 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> <input type="checkbox"/> Mr <input type="checkbox"/> Ms Last name _____ First name _____ Date of birth _____ Nationality _____ Relationship to Customer <sup>1</sup> _____	Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective <small>* Unless otherwise indicated, sole signing authority will be issued.</small>		<div style="border: 1px solid black; padding: 5px;"> <p><b>Authorized person should sign within the box</b></p> <p>For information on data protection, see point 4.</p> </div>

<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    ✍️  

Mr     Ms      \* Unless otherwise indicated, sole signing authority will be issued.

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

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

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Relationship to Customer<sup>1</sup> \_\_\_\_\_

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

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

**Authorized person 3**      Signature     sole\*     collective    ✍️  

Mr     Ms      \* Unless otherwise indicated, sole signing authority will be issued.

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

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

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Relationship to Customer<sup>1</sup> \_\_\_\_\_

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

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

**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 \_\_\_\_\_ First name \_\_\_\_\_ Date of birth \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Date of birth \_\_\_\_\_

**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) \_\_\_\_\_

<p>Signature      ✍️ <span style="border: 1px solid black; padding: 2px;"> </span></p> <p style="text-align: center;"><b>Sign within the box</b></p>	<p>Signature (partnership)      ✍️ <span style="border: 1px solid black; padding: 2px;"> </span></p> <p style="text-align: center;"><b>Sign within the box</b></p>
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Last name _____	Last name _____
First name _____	First name _____

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

**To be completed by PostFinance**

Partner number \_\_\_\_\_

