

In order for you to open your custody account as quickly as possible, please note the following points concerning the Tax Residency Self-Certification for natural persons:

1. All account holders (persons whose names appear on the custody account) must individually fill out and sign the "Tax Residency Self-Certification for natural persons" form in PDF format.
2. If you have any questions you can contact us by telephone on +41 58 448 14 24.
3. Please send all completed forms, including the application for opening a custody account, to the address indicated on the application.

Unfortunately, without a complete and correct Tax Residency statement we will not be able to carry out the opening process.

Kind regards

PostFinance Ltd



# Subscription to the Fund self-service service for private customers



All references to persons apply to both genders and to more than one person.

Custody account number \_\_\_\_\_ Partner number \_\_\_\_\_  
Is filled in by PostFinance

## Custody account holder

☐ Mr ☐ Ms

Last name \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
First name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Street, no. \_\_\_\_\_ Nationality ☐ CH ☐ stateless  
P.O. Box \_\_\_\_\_ ☐ \_\_\_\_\_  
Postcode \_\_\_\_\_ Abroad/Residence permit  
Location \_\_\_\_\_ ☐ B ☐ C ☐ F ☐ G ☐ L ☐ N

## Details of the partner (complete only for partner custody account)

Last name \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
First name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Street, no. \_\_\_\_\_ Nationality ☐ CH ☐ stateless  
P.O. Box \_\_\_\_\_ ☐ \_\_\_\_\_  
Postcode \_\_\_\_\_ Abroad/Residence permit  
Location \_\_\_\_\_ ☐ B ☐ C ☐ F ☐ G ☐ L ☐ N

## The legal representative (information mandatory for custody account holders aged under 18)

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

## Address for correspondence

Please send me the correspondence

- ☐ to the address of the custody account owner  
☐ to the following address

Street, no. \_\_\_\_\_  
P.O. Box \_\_\_\_\_  
Postcode \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
Location \_\_\_\_\_ Language ☐ G ☐ F ☐ I ☐ E



**Reference account (for any payments or fees)**

Account number\* \_\_\_\_\_

**Currency reference account  
(for any payments and fees that are not in the currency of the reference account).**

Account number\* \_\_\_\_\_

Account number\* \_\_\_\_\_

\* Account holder(s) and custody account holder(s) must be identical

Custody account currency ☐ CHF ☐ EUR ☐ USD ☐ \_\_\_\_\_**Reinvestment (reinvestments in PostFinance Fonds are commission-free)**☐ Please reinvest any annual payments (after deduction of fees) in the same fund if possible.**Other additional services**☐ I would like to subscribe to e-finance (new subscription)☐ New custody account for existing e-finance subscriber number \_\_\_\_\_ activate.**Risk information and signature**

By signing, I confirm that I have read and consent to the "Custody account" and "Fund self-service" Subscriber Conditions, the price list, the "Costs and sales remuneration in the "Fund self-service" and "Fund consulting basic" investment solutions" factsheet and the product description. In particular, I waive the right to receipt of sales remuneration from PostFinance. I have received and acknowledge the "Risks Involved in Trading Financial Instruments" brochure. PostFinance does not offer investment advice or asset management as part of its Fund self-service service. Accordingly, transactions ordered by customers are not checked for their appropriateness or suitability. This note is only provided when first subscribing to a product and will not be repeated during subsequent use.

Location \_\_\_\_\_ Date \_\_\_\_\_

Signature



Signature of legal guardian\*



Sign within the box




Sign within the box



\* The legal guardian's signature is also required for minors.

**Please send the form to:** PostFinance Ltd, Scan Center, 3002 Bern**Please leave empty**

Broker	Locality code	Staff number	
Concluding office	Locality code	Staff number	
			Date postmark

