

## Important tips

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 0848 888 900.
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.

Yours sincerely

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. 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 Berne

**Please leave empty**

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

