

Medium-term notes subscription form



Personal descriptions apply equally to both men and women.

Order number (to be completed by PostFinance)

1. Personal details

☐ Ms ☐ Mr Date of birth _____

Name or company _____

First name _____

Street, no. _____

Postcode _____ Location _____

Telephone (home) _____ Telephone (work) _____

2. I would like to subscribe medium-term notes

☐ CHF ☐ EUR

Amount _____

(your account must have sufficient cover)

Duration

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> 2 years | <input type="checkbox"/> 7 years |
| <input type="checkbox"/> 3 years | <input type="checkbox"/> 8 years |
| <input type="checkbox"/> 4 years | <input type="checkbox"/> 9 years |
| <input type="checkbox"/> 5 years | <input type="checkbox"/> 10 years |
| <input type="checkbox"/> 6 years | |

Execution date* _____

* At the earliest 1 working day after submitting the subscription form. If no date is given, the order will be executed after reception.

3. Debit

☐ Postal account in CHF ☐ Postal account in EUR

The currency of the account to be debited and that of the medium-term notes are identical.

Account number _____

4. Signature

By signing, I confirm that I have read and understood the factsheet. The medium-term notes may not be assigned or pledged to third parties.

Location _____ Date _____

Signature/s* _____

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

Please leave empty

Concluding office	Locality code	Staff number	Date stamp
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