

# Inheritance authorization form

Authorization arrangement between PostFinance, and the following contractual partner, hereinafter referred to as the Customer.  
(References to persons refer to both men and women as well as to groups of persons)

Partner number (optional) \_\_\_\_\_

Customer (the testator/deceased)		Additional customer (for partner account)		
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> same address as Customer
Last name	_____	Last name	_____	
First name	_____	First name	_____	
Street, no.	_____	Street, no.	_____	
Postcode	_____	Postcode	_____	
Location	_____	Location	_____	
Country	_____	Country	_____	
Date of birth	_____	Date of birth	_____	
Date of death	_____	Date of death	_____	

The following heirs (or their representatives) of the above-mentioned testator hereby grant the person(s) named below (authorized person 1 and 2) (hereinafter referred to as the Authorized Person) the authority to represent them in a legal capacity vis à vis PostFinance. In particular, the Authorized Person(s) is/are entitled to dispose of the assets held at PostFinance in the Customer's name and to submit other legally binding declarations. The signatures and all declarations and actions of the Authorized Person(s) are binding on the grantor of the power of attorney. The power of attorney does not lapse with the death, loss of legal capacity or bankruptcy of one or more of the heirs. It remains in force until PostFinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations).

## Information about the heirs (or their representatives)

In order for the power of attorney to be accepted, we need a list and signatures of all the heirs mentioned in the inheritance certificate.

Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		
Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		
Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		




Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		
Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		


**The power of attorney arrangement applies:**

- to all business relationships or
- only to the following account/custody account no.:

\_\_\_\_\_

\_\_\_\_\_

<p><b>Authorized person 1</b></p> <p><input type="checkbox"/> Mr      <input type="checkbox"/> Ms</p> <p>Last name _____</p> <p>First name _____</p> <p>Nationality <input type="checkbox"/> CH other _____</p> <p>Date of birth _____</p> <p>Exact relationship to customer _____</p>	<p>Signature <input type="checkbox"/> sole*      <input type="checkbox"/> collective</p> <p><small>* Unless otherwise indicated, sole signing authority will be issued.</small></p>	<p> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><b>Customer should sign within the box</b></p>
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<p><b>Authorized person 2</b></p> <p><input type="checkbox"/> Mr      <input type="checkbox"/> Ms</p> <p>Last name _____</p> <p>First name _____</p> <p>Nationality <input type="checkbox"/> CH other _____</p> <p>Date of birth _____</p> <p>Exact relationship to customer _____</p>	<p>Signature <input type="checkbox"/> sole*      <input type="checkbox"/> collective</p> <p><small>* Unless otherwise indicated, sole signing authority will be issued.</small></p>	<p> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><b>Customer should sign within the box</b></p>
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Please send us a copy of the inheritance certificate with this authorization form. Otherwise we will not be able to change the signature arrangement.

