

General information

Account number/IBAN _____
 Account description _____
 Account number/IBAN _____
 Account description* _____
 Account number/IBAN _____
 Account description* _____

The account(s) is/are to be closed on _____

*complete only if the account name differs from that of the first account number

Transfer of remaining balance (applies to all listed accounts)

Please transfer the balance to my PostFinance account

Account number _____
 Account description _____

Please transfer the balance to my bank account

Name and location of bank _____
 Postal account of bank _____
 IBAN/bank account no. of final beneficiary _____
 BIC _____
 End beneficiary _____
 Desired payment currency _____

Reason for termination

- Conditions: Pricing/prices interest rates/interest rate limit
- Inactive account (is not used)
 - Several post accounts: merge
 - Switch to another financial institution
 - Dissolution of company or association
 - Inadequate service
 - General dissatisfaction with PostFinance/Swiss Post
 - Personal reasons: marriage/separation
 - Deceased
 - Other reasons, which _____

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

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 (For collective signatures, two signatures are required from the contractual partners)

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

