

Please send to: PostFinance Retirement Savings Foundation 3a, P.O. Box, 4002 Basel, Switzerland

Please use block capitals. All references to persons apply to both genders.

Account holder

Mr Ms Retirement savings account no. _____
 Name _____ First name _____
 Street, no. _____
 Postcode _____ Location _____
 Country _____ Nationality _____
 Marital status _____ Date of birth _____
 Telephone _____ Do you have children? yes no

Designation of beneficiaries

In the event of the pension fund member's death, the following persons are designated as beneficiaries. The order of precedence of the beneficiaries is as follows:

1. the surviving spouse or registered partner;
2. the direct descendants and natural persons for whose maintenance the deceased was significantly responsible or the person who was living with the deceased in a permanent relationship in the five years preceding the deceased's death or is responsible for maintaining one or more joint children;
3. the parents;
4. the siblings;
5. the other heirs, with the exception of public entities.

The pension fund member has the right, by submitting a written statement of his wishes to the Foundation, to designate one or more beneficiaries from among the beneficiaries named above in section 2. and to specify their entitlements in greater detail. The pension fund member also has the right, by informing the Foundation in writing, to change the order of precedence of the beneficiaries as stated above in sections 3 to 5 and to specify their entitlements in greater detail. Persons in accordance with section 2 for whose maintenance the pension fund member is significantly responsible must be notified to the Foundation in writing.

Please note that in certain circumstances the 3a pension assets may be considered as part of the legal estate. This form supersedes and replaces all previous orders of beneficiaries.

Beneficiaries

In case I do not have a partner at the time of my death, I designate the persons below as my beneficiaries, with the following entitlements and in the following order of precedence, in accordance of the rules

Name	Address	Date of birth	Degree of relationship	Share in %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Location _____ Date _____

Signature of pension fund member _____
 Please enclose a copy of a valid ID

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Please leave empty

Date _____	Customer advisor _____
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