

Hints for filling in the form

These regulations detail the representation of the business relationship between the customer and PostFinance Ltd.*

Power of attorney regulations for natural persons **PostFinance**

Authorization (excluding e-trading, retirement savings account 3a, vested benefits account, life insurance, mortgages and credit cards) between PostFinance and the following contractual partner, hereinafter referred to as the Customer:

Partner number* _____ Order number* _____
* optional information

1. Customer details

<input checked="" type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> and details for partner relationship	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms
Last name Muster	_____	Last name _____	_____	_____
First name Peter	_____	First name _____	_____	_____
Street Thunstrasse	No. 12	Street _____	No. _____	_____
Postcode 3123	_____	Postcode _____	_____	_____
Location Belp	_____	Location _____	_____	_____
Country CH	_____	Country _____	_____	_____
Date of birth 18.02.1960	_____	Date of birth _____	_____	_____

2. Issue authorization

The Customer authorizes the person below to be his/her legal representative to PostFinance. In particular, the authorized person is entitled to access the assets invested at PostFinance in the name of the Customer and to submit other legally binding statements, including subscribing to certain new services and potentially ending the business relationship. The person is also entitled to obtain information on all stocks/transactions retroactively on all authorized accounts and custody accounts, or to request them via e-finance. The signatures as well as all declarations made and all measures taken by the authorized person are binding for the principal. The authorization does not expire if the Customer dies, loses the capacity to act or becomes insolvent (Article 35 of the Swiss Code of Obligations). It shall remain in force until PostFinance receives written revocation thereof, that is provided that PostFinance does not authorize other communication channels to revoke it at that point in time. The authorized person and the Customer shall notify PostFinance promptly of any changes to the personal details given below of the authorized person.

3 The following power of attorney regulations apply:
 to all current and future business relationships or
 only to the following IBAN/custody account no. _____

1

<input type="checkbox"/> Mr	<input checked="" type="checkbox"/> Ms	Signature <input checked="" type="checkbox"/> sole* <input type="checkbox"/> collective	<div style="text-align: center;">1</div> <p>Authorized person should sign within the box For information on data protection, see point 4.</p>
* Unless otherwise indicated, sole signing authority will be issued.			
Last name Muster	_____		
First name Claudia	_____		
Date of birth 20.05.1961	_____		
Street Thunstrasse	No. 12		
Postcode 3123	Location Belp		
Country CH	_____		
Nationality <input checked="" type="checkbox"/> CH other _____	_____		
Relationship to Customer ¹ Wife	_____		

¹ How the authorized person is related to the Customer (e.g. mother, father, partner and so on).

Please complete legibly and in full

Please write in clearly legible block capitals, keep within the fields, and use a black or blue felt pen or ballpoint pen. Please check that all the fields are complete and that the necessary details have been added. A power of attorney that is incomplete or which contains mistakes cannot be accepted.

1 Authorized signatories

Please enter the details of the authorized signatories in the fields "Authorized person 1" to "Authorized person 3". The persons in question should sign to the right within the appropriate signature box. Please note the following points in particular:

- In the relationship box, please state your relationship to the customer. Examples: "Father", "mother", "brother", "sister", "son", "daughter", etc.
- Please indicate whether you wish to have sole or collective signing authority. Unless otherwise indicated, sole signing authority will be issued. Please note: A PostFinance Card Direct cannot be issued to persons with collective signing authority.

2 Signature(s)

The customer signs here. For minors or persons deprived of legal capacity, the legal representative/third party should sign.

3 Scope of the power of attorney

Please indicate if the power of attorney applies to all current and future business relationships or just to a specific account/custody account or accounts. Minors or persons deprived of legal capacity: If the customer is not yet 18 years old, separate powers of attorney are defined for each account /custody account rather than for all current and future business relationships.

All current powers of attorney are to be deleted
 only the power of attorney of the following person(s) is to be deleted

Last name _____	_____	Date of birth _____
First name _____	_____	_____
Last name _____	_____	Date of birth _____
First name _____	_____	_____

4. Data protection

Information on how PostFinance processes your personal data can be found in the "Information on data protection" enclosure or in our privacy policy at postfinance.ch/dps.

5. Signature(s)

The customer confirms the authenticity of the above signatures and acknowledges the powers of attorney that have been granted.

Date (DD.MM.YYYY) **09.11.2021** Location **Belp**

Signature _____ Signature (partnership) _____

2

Last name Muster	_____	Last name _____
First name Peter	_____	First name _____

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

Do you have any questions?

If you have any questions about filling in the form, please contact your nearest PostFinance branch or post office or call us on 0848 888 700 (regular rate).

* The authorization applies to accounts/custody accounts and other services. It does not apply to credit and prepaid card accounts, retirement products and mortgages.