

Hints for filling in the form

Power of attorney regulations
for legal entities, partnerships and sole proprietorships
(applies to holders/bodies and authorized persons with or without substitution)

Authorization (excluding in particular credit card and property insurance) between PostFinance and the following contractual partner, hereinafter referred to as the customer:

Partner number* _____ Order number* _____
* optional information

1. Customer details

Company/Name **Muster Ltd**
Street (Domicile) **Thunstrasse** No. **12**
Postcode **3123**
Location **Belp**
Country **CH**

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 person may also issue sub-authorizations to third parties (known as e-rights) in e-finance. The signatures as well as all declarations submitted and 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.

Authorized person 1 Ms Mr

Last name **Brand** **5**
First name **Markus**
Street **Thunstrasse** No. **18**
Postcode **3123** Location **Belp**
Country **CH**
Date of birth **12.02.1966**
Function **Accountant**
Nationality CH other _____

3 **The power of attorney arrangement applies:**
 to all current and future business relationships
or
 only to the following account/custody account number
2 _____
or
 only for account/custody account numbers as per the list enclosed

4 **Type of signature (only 1 selection possible)**
 sole collective
 collective group A** collective group B**

6 **Substitute power of attorney (optional)**
 By selecting this option, the authorized person is granted extensive representation rights. They can be the principal's representative to PostFinance in all matters (including those of a strategic nature). In particular, the authorized person is entitled to authorize other individuals.

For information on data protection, see point 4.

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The authorization governs the representation of the business relationship (excluding credit cards) between the Customer and PostFinance Ltd.

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 Scope of authorization
Please indicate whether the authorization applies to all business relationships or individual account numbers/ custody account numbers. You can record the account/custody account numbers in a separate list.

2 Separate list with account/custody account numbers
You can compile a separate list yourself, and you must submit it together with the authorization. The list must contain the account/custody account numbers. If you are choosing several authorized persons, it must also be clear which individuals the list applies to. Please ensure the list has a valid date and signature.

3 Function
In this field please enter your function at the company/ association. Examples: "Accountant", "Administrative Assistant", "Cashier", etc.

4 Type of signature
Please indicate whether the authorized person has individual or collective (joint) signatory power. Individuals with collective signatory power can also be divided up into groups if you wish. Authorized signatories in the same group cannot have joint signatory power. Please note that PostFinance Cards cannot be provided to individuals with collective signatory power.

5 Signature of authorized person
The authorized person signs using his/her official signature here (no VISA, initials etc.)

6 Substitute power of attorney
If you select this option, the authorized person has the same rights as the contractual partner. This means that, having substitution rights, the authorized person can also authorize other individuals.

7 Signature(s)
This is where the legal representatives of the company/society/association sign. Two valid signatures are required for joint signatory powers.

5. Signature(s)

The Customer confirms the authenticity of the signatures provided above and recognizes the authorizations granted.
Signature of the holder/body or of the person authorized for substitution. For collective signing, two signatures are required.

Location **Belp** Date **20.06.2023**

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Signature _____ Signature _____
Last name **Muster** Last name **Kälin**
First name **Peter** First name **Laura**

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