

Hints for filling in the form

Range of services
for natural persons

Partner number* _____ Order number _____
* optional information

Customer data

<p>Customer ①</p> <p><input checked="" type="checkbox"/> Mr <input type="checkbox"/> Ms</p> <p>Name Muster</p> <p>First name Peter</p> <p>Street, no. Thunstrasse 12</p> <p>Postcode 3123</p> <p>Location Belp</p> <p>Country CH</p> <p>Date of birth 18.02.1960</p> <p>Nationality <input checked="" type="checkbox"/> CH <input type="checkbox"/> other _____</p> <p>Residence permit _____</p> <p>Telephone (home) 031 990 12 10</p> <p>Telephone (work) 031 990 12 12</p> <p>E-mail _____</p> <p>Profession Commercial Assistant</p> <p>Employer Mustermann Ltd, Berne</p> <p>Gross annual income <input type="checkbox"/> CHF 0 – CHF 29,999 <input type="checkbox"/> CHF 30,000 – CHF 74,999 <input checked="" type="checkbox"/> CHF 75,000 – CHF 149,999 <input type="checkbox"/> CHF 150,000 – CHF 249,999 <input type="checkbox"/> CHF 250,000 and over</p>	<p>Additional customer (for partner account) ②</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> same address as customer 1</p> <p>Name _____</p> <p>First name _____</p> <p>Street, no. _____</p> <p>Postcode _____</p> <p>Location _____</p> <p>Country _____</p> <p>Date of birth _____</p> <p>Nationality <input type="checkbox"/> CH <input type="checkbox"/> other _____</p> <p>Residence permit _____</p> <p>Telephone (home) _____</p> <p>Telephone (work) _____</p> <p>E-mail _____</p> <p>Profession _____</p> <p>Employer _____</p> <p>Gross annual income <input type="checkbox"/> CHF 0 – CHF 29,999 <input type="checkbox"/> CHF 30,000 – CHF 74,999 <input type="checkbox"/> CHF 75,000 – CHF 149,999 <input type="checkbox"/> CHF 150,000 – CHF 249,999 <input type="checkbox"/> CHF 250,000 and over</p>
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Language of correspondence G F I E

2 I am already a customer and use the following products/services:
Account number/BAN _____

I am not yet a customer.

Other correspondence address

Mr Ms

Name _____ First name _____

Street, no. _____ P.O. Box _____

Postcode _____ Location _____

Country CH other _____

Choice of service

Banking package

Banking package Smart Banking package SmartPlus

Paper option

Fee debit account existing account _____ new account

The services form is intended to help with selecting PostFinance services.

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 Personal details
Due to regulatory provisions, PostFinance Ltd is obliged to obtain additional information from customers when beginning a new business relationship. Please provide full details of your profession, employer and gross annual income. If the details are incomplete or incorrect, an account cannot be opened.

2 You are already a PostFinance customer
Please mark the services you already use and add the account numbers.

3 Account directory
Please mark here if we may publish your account in the account directory. Only companies registered with us may consult master data (comprising last name, first name, place of residence, account number and account currency) in the account directory in order to simplify payment transactions with you.

4 Signatures
The customer signs here; the legal guardian/ depositor also signs if the customer is a minor or is under guardianship.

Account for payment transactions

Currency
 CHF EUR _____

Overdraft option
 yes no

PostFinance Card Direct
(for cash withdrawals, pay in shops / at filling stations)
 in the name of customer 1 **3** I would like to receive payment order forms
 in the name of customer 2 The account number may be published in the account directory which is not publicly available

Savings account

Currency
 CHF EUR

Card
 I would like an account card
 in the name of customer 1 in the name of customer 2
 I would like to access my savings account with my PostFinance Card (applies only to withdrawals at Postomats)

E-finance for online account management

E-finance (new subscription)
 For one user, in the name of _____ Customer 1 Customer 2
 For two users (for partner account)
 Activate the newly opened accounts/custody accounts with the current e-finance subscriber number No. _____

Comments

Date **25.03.2021**

Customer's signature 1 _____ Customer's signature 2* _____

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* Signature of legal representative, if customer 1 is a minor or has been placed under guardianship.

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

Please note
For details of fees, commissions and other charges please see the brochure entitled "Prices and conditions for private customers" or visit our website www.postfinance.ch.

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).