

# Power of attorney regulations for natural persons

Hints for filling in the form

**Power of attorney regulations for natural persons**

Regulations governing powers of attorney between PostFinance, and the following contractual partner, hereinafter referred to as the Customer:  
(References to persons refer to both men and women as well as to groups of persons)

Partner number\* \_\_\_\_\_ \* optional information

The Customer grants the person specified below the legally binding authority to represent him vis-à-vis PostFinance. In particular the authorized person is entitled to dispose of the assets held at PostFinance in the Customer's name and to submit other legally binding declarations. The signatures and all declarations and actions of the authorized person are binding on the grantor of the power of attorney. The power of attorney does not lapse with the death, loss of legal capacity or bankruptcy of the Customer. It remains in force until PostFinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations).

**3**  to all current and future business relationships or  
 only to the following account/custody account no. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	Authorized person 1	Authorized person 2	Authorized person 3
<b>1</b>	Signature <input checked="" type="checkbox"/> sole* <input type="checkbox"/> collective * Unless otherwise indicated, sole signing authority will be issued.	Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective * Unless otherwise indicated, sole signing authority will be issued.	Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective * Unless otherwise indicated, sole signing authority will be issued.
	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms Last name <u>Model</u> First name <u>Claudia</u> Nationality <input checked="" type="checkbox"/> CH other _____ Date of birth <u>20.05.1961</u> Exact relationship to customer <u>Spouse</u>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms Last name _____ First name _____ Nationality <input type="checkbox"/> CH other _____ Date of birth _____ Exact relationship to customer _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms Last name _____ First name _____ Nationality <input type="checkbox"/> CH other _____ Date of birth _____ Exact relationship to customer _____

The current power of attorney regulations should be treated as follows:  
 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, first name, date of birth \_\_\_\_\_

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

Date 27.5.2013 Customer's signature 1 P. Model Customer's signature 2 \_\_\_\_\_

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**These regulations detail the representation of the business relationship 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 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.

## 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.