

Important tips

In order for you to open your custody account as quickly as possible, please note the following points concerning the Tax Residency Self-Certification for natural persons:

1. All account holders (persons whose names appear on the custody account) must individually fill out and sign the "Tax Residency Self-Certification for natural persons" form in PDF format.
2. If you have any questions you can contact us by telephone on 0848 888 900.
3. Please send all completed forms, including the application for opening a custody account, to the address indicated on the application.

Unfortunately, without a complete and correct Tax Residency statement we will not be able to carry out the opening process.

Yours sincerely

PostFinance Ltd



Subscription to the Fund self-service service for private customers

All references to persons apply to both genders and to more than one person.

Custody account number _____ Partner number _____
Is filled in by PostFinance

Custody account holder

Mr Ms

Last name _____ Telephone (home) _____
First name _____ Date of birth _____
Street, no. _____ Nationality CH stateless
P.O. Box _____ _____
Postcode _____ Abroad/residence permit
Location _____ B C F G L N

Details of the partner (complete only for partner custody account)

Last name _____ Telephone (home) _____
First name _____ Date of birth _____
Street, no. _____ Nationality CH stateless
P.O. Box _____ _____
Postcode _____ Abroad/residence permit
Location _____ B C F G L N

The legal representative (information mandatory for custody account holders aged under 18)

Last name _____ Date of birth _____
First name _____

Address for correspondence

Please send me the correspondence

- to the address of the custody account owner
 to the following address

Street, no. _____
P.O. Box _____
Postcode _____ Telephone (home) _____
Location _____ Language G F I E



Reference account (for any payments or fees)

Account number* _____

**Currency reference account
(for any payments and fees that are not in the currency of the reference account).**

Account number* _____

Account number* _____

* Account holder(s) and custody account holder(s) must be identical

Custody account currency CHF EUR USD _____

Reinvestment (Reinvestments in PostFinance Funds are commission-free)

Please reinvest any annual payments (after deduction of fees) in the same fund, if possible.

Other additional services

I would like to subscribe to e-finance (new subscription)





New custody account for existing e-finance subscriber number _____ activate.

Risk information and signature

By signing, I confirm that I have read and consent to the "Custody account" and "Fund self-service" Subscriber Conditions, the price list, the "Costs and sales remuneration in the 'Fund self-service' and 'Fund consulting basic' investment solutions" factsheet and the product description. I have received and acknowledge the "Risks Involved in Trading Financial Instruments" brochure.

Location _____ Date _____

Signature _____ Signature of legal guardian* _____

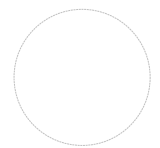
  **Sign within the box**

  **Sign within the box**

* The legal guardian's signature is also required for minors.

Please send the form to: PostFinance Ltd, Operations Center, 4808 Zofingen, Switzerland

Please leave empty

Broker _____	Locality code _____	Staff number _____	
Concluding office _____	Locality code _____	Staff number _____	

