

Medium-term notes subscription form

Personal descriptions apply equally to both men and women.

Order number (to be completed by PostFinance) _____

1. Personal details

Ms Mr Date of birth _____

Name or company _____

First name _____

Street, no. _____

Postcode _____ Location _____

Telephone (home) _____ Telephone (work) _____

2. I would like to subscribe medium-term notes

CHF EUR

Amount _____

(your account must have sufficient cover)

Duration

2 years 7 years

3 years 8 years

4 years 9 years

5 years 10 years

6 years

Execution date* _____

* At the earliest 1 working day after submitting the subscription form. If no date is given, the order will be executed after reception.

3. Debit

Postal account in CHF Postal account in EUR

The currency of the account to be debited and that of the medium-term notes are identical.

Account number _____

4. Signature

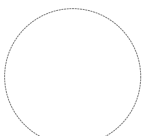
By signing, I confirm that I have read and understood the factsheet. The medium-term notes may not be assigned or pledged to third parties.

Location _____ Date _____

Signature/s* _____

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

Please leave empty

_____	_____	_____	
Concluding office	Locality code	Staff number	Date stamp

