

Inheritance authorization form

Authorization arrangement 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) _____

Customer (the testator/deceased)

☐ Mr ☐ Ms

Last name _____

First name _____

Street, no. _____

Postcode _____

Location _____

Country _____

Date of birth _____

Date of death _____

Additional customer (for partner account)

☐ Mr ☐ Ms ☐ same address as Customer

Last name _____

First name _____

Street, no. _____

Postcode _____

Location _____

Country _____

Date of birth _____

Date of death _____

The following heirs (or their representatives) of the above-mentioned testator hereby grant the person(s) named below (authorized person 1 and 2) (hereinafter referred to as the Authorized Person) the authority to represent them in a legal capacity vis à vis PostFinance. In particular, the Authorized Person(s) is/are 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(s) 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 one or more of the heirs. It remains in force until PostFinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations).

Information about the heirs (or their representatives)

In order for the power of attorney to be accepted, we need a list and signatures of all the heirs mentioned in the inheritance certificate.



Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		
Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		
Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		
Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		





Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		
Last name	_____	Date	_____
First name	_____	Signature	_____
Address	_____		
Location	_____		

The power of attorney arrangement applies:

- ☐ to all business relationships or
- ☐ only to the following account/custody account no.:

Authorized person 1		Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective		
<input type="checkbox"/> Mr <input type="checkbox"/> Ms		* Unless otherwise indicated, sole signing authority will be issued.		
Last name _____				
First name _____				
Nationality	<input type="checkbox"/> CH			
other _____				
Date of birth _____				
Exact relationship to customer _____				
			Customer should sign within the box	

Authorized person 2		Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective		
<input type="checkbox"/> Mr <input type="checkbox"/> Ms		* Unless otherwise indicated, sole signing authority will be issued.		
Last name _____				
First name _____				
Nationality	<input type="checkbox"/> CH			
other _____				
Date of birth _____				
Exact relationship to customer _____				
			Customer should sign within the box	

Please send us a copy of the inheritance certificate with this authorization form. Otherwise we will not be able to change the signature arrangement.

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