

Power of attorney regulations for natural persons

Authorization (excluding e-trading, retirement savings account 3a, vested benefits account, life insurance, mortgages and credit cards) between PostFinance and the following contractual partner, hereinafter referred to as the Customer:

Partner number (internal) _____

1. Customer details

| | | <input type="checkbox"/> and details for partner relationship | |
|-----------------------------|-----------------------------|---|----------------------|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Ms | <input type="checkbox"/> Mr <input type="checkbox"/> Ms | |
| Last name | _____ | Last name | _____ |
| First name | _____ | First name | _____ |
| Street | _____ No. _____ | Street | _____ No. _____ |
| Postcode | _____ Location _____ | Postcode | _____ Location _____ |
| Country | _____ | Country | _____ |
| Date of birth | _____ | Date of birth | _____ |



2. Issue authorization

The Customer authorizes the person below to be his/her legal representative to PostFinance. In particular, the authorized person is entitled to access the assets invested at PostFinance in the name of the Customer and to submit other legally binding statements, including subscribing to certain new services and potentially ending the business relationship. The person is also entitled to obtain information on all stocks/transactions retroactively on all authorized accounts and custody accounts, or to request them via e-finance. The signatures as well as all declarations made and all measures taken by the authorized person are binding for the principal. The authorization does not expire if the Customer dies, loses the capacity to act or becomes insolvent (Article 35 of the Swiss Code of Obligations). It shall remain in force until PostFinance receives written revocation thereof, that is provided that PostFinance does not authorize other communication channels to revoke it at that point in time. The authorized person and the Customer shall notify PostFinance promptly of any changes to the personal details given below of the authorized person.

The following power of attorney regulations apply:

- ☐ to all current and future 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 | _____ | | | | |
| Date of birth | _____ | | | | |
| Nationality | _____ | | | | |
| Relationship to Customer ¹ | _____ | | | | |

¹ How the authorized person is related to the Customer (e.g. mother, father, partner and so on).

Authorized person should sign within the box



| | | |
|---|---|--|
| Authorized person 2 <input type="checkbox"/> Mr <input type="checkbox"/> Ms Last name _____ First name _____ Date of birth _____ Nationality _____ Relationship to Customer ¹ _____ | Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective <small>* Unless otherwise indicated, sole signing authority will be issued.</small> | <div style="border: 1px solid black; height: 100px; margin: 10px auto; width: 80%;"></div> <p>Authorized person should sign within the box</p> |
|---|---|--|

¹ How the authorized person is related to the Customer (e.g. mother, father, partner and so on).

| | | |
|---|---|--|
| Authorized person 3 <input type="checkbox"/> Mr <input type="checkbox"/> Ms Last name _____ First name _____ Date of birth _____ Nationality _____ Relationship to Customer ¹ _____ | Signature <input type="checkbox"/> sole* <input type="checkbox"/> collective <small>* Unless otherwise indicated, sole signing authority will be issued.</small> | <div style="border: 1px solid black; height: 100px; margin: 10px auto; width: 80%;"></div> <p>Authorized person should sign within the box</p> |
|---|---|--|

¹ How the authorized person is related to the Customer (e.g. mother, father, partner and so on).

3. Remove power of attorney

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 _____ |
| Last name _____ | First name _____ | Date of birth _____ |

4. Signature(s)

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

Date _____

| | |
|---|---|
| Signature <div style="border: 1px solid black; height: 80px; margin: 10px auto; width: 90%;"></div> <p style="text-align: center;">Sign within the box</p> | Signature (partnership) <div style="border: 1px solid black; height: 80px; margin: 10px auto; width: 90%;"></div> <p style="text-align: center;">Sign within the box</p> |
| Last name _____ First name _____ | Last name _____ First name _____ |

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

