## 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)

Customer (the testator/deceased)	Partner number (optional)					
East name   Last name   First n	Customer (the testator/decease	d) Addition	Additional customer (for partner account)			
First name  Street, no.  Street, no.  Postcode  Postcode  Postcode  Country  Country  Date of birth  Date of birth  Date of death  Date of de	☐ Mr ☐ Ms	☐ Mr	☐ Ms ☐ same address as Customer			
First name  Street, no.  Street, no.  Postcode  Postcode  Postcode  Country  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 I and 2) (hereinafter referred to as the Authorized Person) the authority to represent them in a legal capacity vis à vis Posifinance. In particular, the Authorized Person(s) isfare entitled to dispose of the assets held at Posifinance 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 one or more of the heirs. It remains in force until Posifinance receives notice in writing that it has been revoked (Art. 35 Swiss Code of Obligations).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  Address  Location  Last name  Date  Signature  Address  Location  Last name  Date  First name  Address  Location  Last name  Signature  Address  Location  Last name  Signature  Signature  Address  Location  Last name  Signature  Address  Location  Last name  Signature  Address  Location  Last name  Signature  Signature  Address  Location	Last name	Last name	ne			
Postcode Location Location Location Location Country Country Date of birth Date of birth Date of death 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 a vis Postfinance, in particular, the Authorized Person(s) isare 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 Date  Signature  Address  Location  Last name Date First name Date First name Date First name Address  Location  Last name Date First name Signature  Address  Location  Last name Signature		·	me			
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