

## Hints for filling in the form

**Power of attorney regulations  
for natural persons**

Authorization (excluding in particular e-trading, retirement savings account 3a, vested benefits account, life insurance, mortgage, credit card, personal loan and property insurance) between PostFinance and the contractual partner, hereinafter referred to as the customer:

Partner number\* \_\_\_\_\_ Order number\* \_\_\_\_\_  
\* optional information

The following power of attorney regulations apply:

to all current and future business relationships or  
 only to the following IBAN/custody account no. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1. Authorized person 1**

Mr  Ms  sole\*  collective  
\* Unless otherwise indicated, sole signing authority will be issued.

Last name **Muster** Signature

First name **Claudia**

Date of birth **20.05.1961**

Street **Belprasse** No. **12**

Postcode **3123** Location **Belp**

Country **CH**

Nationality  CH other \_\_\_\_\_

Relationship to Customer<sup>1</sup> **Wife**

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

**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.

**3**

and details for partner relationship  
 Mr  Ms

Last name \_\_\_\_\_ First name \_\_\_\_\_

Street \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ No. \_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Location \_\_\_\_\_ Location \_\_\_\_\_

Country \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

**4. Data protection**

Information on how PostFinance processes your personal data can be found in the "Information on data protection" enclosure or in our privacy policy at [postfinance.ch/dps](https://www.postfinance.ch/dps).

**5. Signature(s)**

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

Date (DD.MM.YYYY) **20.06.2023** Location **Belp**

Signature Signature (partnership) \_\_\_\_\_

Last name **Muster** Last name \_\_\_\_\_  
First name **Peter** First name \_\_\_\_\_

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

**These regulations detail the representation of the business relationship between the customer and PostFinance Ltd.\***

### Please complete legibly and in full

Please write in clearly legible block capitals, keep within the fields, and use a black or blue felt pen or ballpoint pen. Please check that all the fields are complete and that the necessary details have been added. A power of attorney that is incomplete or which contains mistakes cannot be accepted.

### 1 Authorized signatories

Please enter the details of the authorized signatories in the fields "Authorized person 1" to "Authorized person 3". The persons in question should sign to the right within the appropriate signature box. Please note the following points in particular:

- In the relationship box, please state your relationship to the customer. Examples: "Father", "mother", "brother", "sister", "son", "daughter", etc.
- Please indicate whether you wish to have sole or collective signing authority. Unless otherwise indicated, sole signing authority will be issued. Please note: A PostFinance Card Direct cannot be issued to persons with collective signing authority.

### 2 Signature(s)

The customer signs here. For minors or persons deprived of legal capacity, the legal representative/third party should sign.

### 3 Scope of the power of attorney

Please indicate if the power of attorney applies to all current and future business relationships or just to a specific account/custody account or accounts. Minors or persons deprived of legal capacity: If the customer is not yet 18 years old, separate powers of attorney are defined for each account /custody account rather than for all current and future business relationships.

### Do you have any questions?

If you have any questions about filling in the form, please contact your nearest PostFinance branch or post office or call us on 0848 888 700 (regular rate).

\* The authorization applies to accounts/custody accounts and other services. It does not apply to credit and prepaid card accounts, retirement products, mortgages, personal loans and property insurance.