

# Power of attorney regulations for natural persons

Power of attorney regulations (excluding e-trading, retirement savings account 3a, vested benefits account, life insurance, mortgage, credit card, personal loan and property and asset insurance) between PostFinance and the customer, hereinafter referred to as the "principal".

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

## 1. Customer details

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

## 2. Scope



The principal authorizes the person below to be their legal representative vis-à-vis PostFinance. In particular, the Authorized Representative is authorized to dispose of the assets held in the principal's name at PostFinance and the associated services (e.g. e-finance) and to submit other legally binding declarations, to subscribe to certain new services and, under certain circumstances, to terminate the business relationship. The authorized representative has the same right to information as the principal, including for any period prior to the granting of the power of attorney. The signatures as well as all declarations submitted and measures taken by the authorized representative are binding for the principal. The power of attorney regulations do not expire on the death, declaration of presumed death, loss of capacity to act or bankruptcy of the principal (Art. 35 CO). It remains in force until PostFinance receives written revocation thereof, provided that PostFinance does not authorize other communication channels to revoke it at that point in time. The principal confirms that the details provided are correct. If any details change, the principal or authorized representative must inform PostFinance of the changes immediately.

## 3. Data protection

You can find information on data protection at [postfinance.ch/data-protection](https://postfinance.ch/data-protection).  
The principal confirms that they are authorized to disclose data concerning the authorized representative to PostFinance. If requested by PostFinance, the principal must provide appropriate proof that the authorized representative consents to said disclosure and to the further processing of their data, and that they have been informed in advance of the PostFinance Ltd General Privacy Policy ([postfinance.ch/dps](https://postfinance.ch/dps)).


### The power of attorney regulations apply:

for the entire business relationship, including future products and services or  
 only to the following account/custody account number  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<b>Authorized Representative 1</b>	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 _____		<b>The authorized representative should sign within the box</b> For information on data protection, see point 3.	
First name _____			
Date of birth _____			
Street _____ No. _____			
Postcode _____ Location _____			
Country _____			
Nationality <input type="checkbox"/> CH other _____			
Relationship to the Customer <sup>1</sup> _____			
<sup>1</sup> How the authorized representative is related to the Customer (e.g. mother, father, partner, etc.).			

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**Authorized Representative 2** Signature  sole\*  collective  
 \* Unless otherwise indicated, sole signing authority will be issued. 

Mr  Ms

Last name \_\_\_\_\_  
 First name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Street \_\_\_\_\_ No. \_\_\_\_\_  
 Postcode \_\_\_\_\_ Location \_\_\_\_\_  
 Country \_\_\_\_\_  
 Nationality  CH other \_\_\_\_\_  
 Relationship to the Customer<sup>1</sup> \_\_\_\_\_

<sup>1</sup> How the authorized representative is related to the Customer (e.g. mother, father, partner, etc.).

**The authorized representative should sign within the box**  
 For information on data protection, see point 3.

**Authorized Representative 3** Signature  sole\*  collective  
 \* Unless otherwise indicated, sole signing authority will be issued. 

Mr  Ms

Last name \_\_\_\_\_  
 First name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Street \_\_\_\_\_ No. \_\_\_\_\_  
 Postcode \_\_\_\_\_ Location \_\_\_\_\_  
 Country \_\_\_\_\_  
 Nationality  CH other \_\_\_\_\_  
 Relationship to the Customer<sup>1</sup> \_\_\_\_\_

<sup>1</sup> How the authorized representative is related to the Customer (e.g. mother, father, partner, etc.).

**The authorized representative should sign within the box**  
 For information on data protection, see point 3.

**4. 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 _____	Date of birth _____
First name _____	

Last name _____	Date of birth _____
First name _____	

**5. Signature(s) / Acknowledgement of power of attorney**

The Customer confirms the authenticity of the signatures provided above and recognizes the authorizations granted.

Customer signature	Customer signature (for partner relationship) <sup>2</sup>
Location _____	Location _____
Date (DD.MM.YYYY) _____	Date (DD.MM.YYYY) _____
	
┌	┌
└	└
Last name _____	Last name _____
First name _____	First name _____

<sup>2</sup> Signature of the legal representative if the customer is a minor or an adult incapable of acting.

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

