

Power of attorney regulations between PostFinance and the heir or the executor of the deceased PostFinance customer.
Please fill in this form with a blue or black ballpoint pen or felt-tip pen.

Partner number* _____
* optional information

Customer 1		Customer 2 (for partner relationship)		
<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> same address as Customer 1
Last name	_____	Last name	_____	
First name	_____	First name	_____	
Street	_____	Street	_____	
No.	_____	No.	_____	
Postcode	_____	Postcode	_____	
Location	_____	Location	_____	
Country	_____	Country	_____	
Date of birth	_____	Date of birth	_____	
Date of death	_____	Date of death	_____	

Scope

The heirs listed below (or their representatives) or the executor of the customer's will authorize(s) the person(s) listed under "Authorized person" (hereafter referred to as "Authorized Representative") to legally represent them vis-à-vis PostFinance. Authorized Representatives are authorized to disclose and dispose of the assets held in the customer's name at PostFinance and the associated services (e.g. e-finance) to the extent permitted by law and may make other legally binding declarations. The signatures and all declarations and measures carried out by the Authorized Representatives are binding for the heirs (or their representatives) or the executor. The power of attorney does not expire upon the death, declaration of disappearance or presumed death, loss of capacity to act or bankruptcy of one or more heirs (or their representatives) or the executor. It remains in force until it is revoked via a written instruction to PostFinance (Art. 35 CO). Authorized Representatives and heirs (or their representatives) or the executor must inform PostFinance immediately of any changes to the personal details given here.

Data protection

Details on the principles and methods of data processing can be viewed in the PostFinance Ltd General Privacy Policy (postfinance.ch/dps). This applies in particular to the purposes of data processing, data recipient categories and data protection-related claims by the heirs or the deceased customer's executor.

If you send us personal data about other people (e.g. heirs, authorized representatives or controlling persons), please confirm that you are authorized to do so and that the data is correct. If requested by PostFinance, you must provide proof that these persons consent to the disclosure of their data and to the further processing of said data, and that they have been informed in advance of PostFinance Ltd's General Privacy Policy.

Please send all pages in their original form to: PostFinance Ltd, Scan Center, 3002 Bern



Details of the heirs (or their representatives) or the executor

In order for the power of attorney to be accepted, we require all heirs that are mentioned on the inheritance certificate to be listed along with their signatures or that of their representatives or the executor as per the legitimation/certificate of appointment.

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	_____		

As heir (or their representative) or as executor, you unreservedly acknowledge the appointment of the Authorized Representative(s) as per page 3 by providing your signature. You also confirm the accuracy of your details and the authenticity of your signature.

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The power of attorney arrangement applies:

- to the entire business relationship or
- only to the following account/custody account no.:

Authorized Representative 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 _____		└
Street _____ No. _____		Authorized Representative 1 should sign within the box
Postcode _____ Location _____		
Country _____		
Nationality <input type="checkbox"/> CH other _____		
Exact relationship to Customer 1 or Customer 2 _____		

Authorized Representative 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 _____		
Date of birth _____		└
Street _____ No. _____		Authorized Representative 2 should sign within the box
Postcode _____ Location _____		
Country _____		
Nationality <input type="checkbox"/> CH other _____		
Exact relationship to Customer 1 or Customer 2 _____		

Authorized Representative 3	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 _____		└
Street _____ No. _____		Authorized Representative 3 should sign within the box
Postcode _____ Location _____		
Country _____		
Nationality <input type="checkbox"/> CH other _____		
Exact relationship to Customer 1 or Customer 2 _____		

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