

Hints for filling in the form

**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

Mr Ms and details for partner relationship

Last name: **Muster** Last name: _____
 First name: **Peter** First name: _____
 Street: **Belpstrasse** No. **12** Street: _____ No. _____
 Postcode: **3123** Postcode: _____
 Location: **Belp** Location: _____
 Country: **CH** Country: _____
 Date of birth: **18.02.1960** 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. 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).

3 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 _____ / _____ / _____

1 Authorized Representative 1

Signature sole* collective **1**

* Unless otherwise indicated, sole signing authority will be issued.

Mr Ms

Last name: **Muster** Last name: _____
 First name: **Claudia** First name: _____
 Date of birth: **20.05.1961** Date of birth: _____
 Street: **Thunstrasse** No. **12** Street: _____ No. _____
 Postcode: **3123** Location: **Belp** Postcode: _____
 Country: **CH** Country: _____
 Nationality: CH other _____
 Relationship to the Customer¹: **Wife**

The authorized representative should sign within the box

For information on data protection, see point 3.

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The authorization governs the representation of the business relationship between the Customer and PostFinance Ltd.

Please fill in clearly and completely

Please fill in the specified fields in easy-to-read block capitals with a blue or black felt-tip or ballpoint pen. Check that all fields are complete and that the required information is included. PostFinance will unfortunately not be able to accept incomplete or incorrectly filled in power of attorney regulations.

1 Authorized representatives

Enter the details of the authorized representatives in the fields "Authorized Representative 1" to "Authorized Representative 3". The relevant persons should sign in the signature field on the right. Take particular note of the following points:

- Indicate the relationship between the authorized representative and the customer in the relationship field. Examples: "father", "mother", "brother", "sister", "son", "daughter", etc.
- Please indicate whether the authorized representative has individual or collective (joint) signatory power. If no information is provided, the individual signing right is granted. Note: PostFinance Cards cannot be provided to individuals with collective signature.

2 Signature(s)

The customer signs here, and in the case of minors or incapacitated persons over the age of majority, their legal representative must also sign.

3 Scope of authorization

Please indicate whether the authorization(s) granted apply/applies to the entire relationship, including future products and services, or only to specific accounts/deposits.

Minors or incapacitated persons over the age of majority: if the customer is under 18 years of age, the authorization is always granted per account/deposit and does not apply to the entire relationship or to future products and services.

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)²

Location: **Belp** Location: _____
 Date: **25.06.2024** Date: _____
(DD.MM.YYYY) (DD.MM.YYYY)

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Last name: **Muster** Last name: _____
 First name: **Peter** First name: _____

² 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

Do you have any questions?

We would be happy to help you. Please contact your nearest PostFinance branch, your nearest Swiss Post branch or call us on 0848 888 700 (standard rate).