

Payment plan / profit-taking plan

(please complete all fields and tick where appropriate)

General information

Securities account no. _____
 Surname _____
 Address _____
 Country _____

E-mail _____
 First name _____
 Post code/town _____
 Phone/mobile _____

Payment plan*

Amount: CHF _____

monthly quarterly semi-annual annual

Profit-taking plan**

Limit: CHF _____

monthly quarterly semi-annual annual

Transfer to Avadis securities account

Transfer to bank/post office account

Securities account no. _____

IBAN no. _____

Name of bank _____

* For regular payments, starting at account balance of CHF 20,000

** For profits/income above the limit, starting at account balance of CHF 20,000

Cancel payment plan/profit-taking plan

I hereby confirm that I have read and understood the prospectus with the integrated investment regulations, the key investor information document (KIID), the guidelines and the information sheet on investment principles.

Place, date _____

Signature _____

Order acceptance deadlines in 2020

29.1./26.2./27.3./28.4./27.5./26.6./29.7./27.8./28.9./28.10./26.11./29.12.

Orders must be received by Avadis by the third-last banking day of the month by means of the instruction form to be transacted in the following month. Avadis does not assume any liability for incorrect or delayed orders. Please forward your order by fax (058 585 84 40), as a scan by e-mail (vbs@avadis.ch) or by letter to the address below only.

To be completed by the office

MU: _____

KO: _____

AK: _____

KO: _____

Avadis Vermögensbildung SICAV