

Change of strategy / additional securities account

(please complete all fields and tick where appropriate)

General information

Securities account no.	E-mail
Surname	First name
Address	Post code/town
Country	Phone/mobile

Change of strategy

I would like to change the strategy for the above securities account

New investment strategy

- | | |
|---|--|
| <input type="checkbox"/> Stable (money market) | <input type="checkbox"/> Growth (40% bonds / 60% equities) |
| <input type="checkbox"/> Bonds (100% bonds) | <input type="checkbox"/> Aggressive (20% bonds / 80% equities) |
| <input type="checkbox"/> Defensive (80% bonds / 20% equities) | <input type="checkbox"/> Equities (100% equities) |
| <input type="checkbox"/> Balanced (60% bonds / 40 % equities) | |

Opening of additional securities account

I would like to open an additional securities account

Investment strategy for additional securities account

- | | |
|---|--|
| <input type="checkbox"/> Stable (money market) | <input type="checkbox"/> Growth (40% bonds / 60% equities) |
| <input type="checkbox"/> Bonds (100% bonds) | <input type="checkbox"/> Aggressive (20% bonds / 80% equities) |
| <input type="checkbox"/> Defensive (80% bonds / 20% equities) | <input type="checkbox"/> Equities (100% equities) |
| <input type="checkbox"/> Balanced (60% bonds / 40 % equities) | |

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

No. of additional securities account _____	
MU: _____	KO: _____
AK: _____	KO: _____

Avadis Vermögensbildung SICAV

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