

## Power of Attorney

### Party granting power of attorney

Please complete all fields

Surname/first name \_\_\_\_\_ Date of birth \_\_\_\_\_

Power of attorney over all existing and future accounts

Power of attorney over the following account no. \_\_\_\_\_

I grant power of attorney, without the right of substitution regarding my representation in relation to Avadis Vermögensbildung SICAV, in particular for power of disposal over the assets deposited under the above account number, to:

### Holder of power of attorney

Surname \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place/country of birth \_\_\_\_\_

Nationality (if more than one state all) \_\_\_\_\_

Address \_\_\_\_\_

Postcode/place of residence \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Phone/Mobile \_\_\_\_\_

Relationship to party granting power of attorney (parents, siblings, partner, etc.) \_\_\_\_\_

The holder of the power of attorney is authorised to change the investment strategy and to make deposits and withdrawals. The account can be terminated with a power of attorney. The holder of the power of attorney has the right to have correspondence and account statements, etc. issued to him. The holder of the power of attorney is not authorised to issue further powers of attorney.

The holder of the power of attorney is responsible for informing the party granting said power of attorney immediately about his actions.

The power of attorney may be revoked at any time by the party granting it. The power of attorney is subject to Swiss law.

Place, date \_\_\_\_\_ Place, date \_\_\_\_\_

Signature of party granting power of attorney \_\_\_\_\_ Signature of holder of power of attorney \_\_\_\_\_