

Withdrawal / transfer / closure

(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

Withdrawal*

<input type="checkbox"/> I would like to withdraw	The amount of CHF
Payable to the following bank/post office account	IBAN no.
	Name of bank
 <input type="checkbox"/> I would like to withdraw the following funds	ALL funds down to a balance of CHF
Payable to the following bank/post office account	IBAN no.
	Name of bank

Transfer*

<input type="checkbox"/> Transfer to securities account no.	The amount of CHF
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* Minimum balance of CHF 50 for withdrawals or transfers; minimum investment amount of CHF 50 per securities account

Closure

<input type="checkbox"/> I would like to close the above securities account	
<input type="checkbox"/> Transfer to securities account no.	Securities account no.
<input type="checkbox"/> Transfer to bank/post office account:	IBAN no.
	Name of bank

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
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Order acceptance deadlines in 2018

29.1. / 26.2. / 27.3. / 26.4. / 29.5. / 27.6. / 27.7. / 29.8. / 26.9. / 29.10. / 28.11. / 27.12.

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