



Informative power of attorney

Cantonal bank

- | | |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> AI | <input type="checkbox"/> SG |
| <input type="checkbox"/> NE | <input type="checkbox"/> SH |
| <input type="checkbox"/> TI | <input type="checkbox"/> SZ |
| <input type="checkbox"/> GR | <input type="checkbox"/> TG |
| <input type="checkbox"/> GL | <input type="checkbox"/> UR |

Initial issue Supplement

*Vested benefits account no.:

Principal

*Last name: _____ *First name: _____ *Date of birth: _____
*Address: _____ *Postcode / city: _____
*Country: _____ *Social security number (AHV, 13 digits): _____

Proxy

*Last name: _____ *First name: _____ *Date of birth: _____
*Address: _____ *Postcode / city: _____
*Country: _____

The proxy is authorised on the basis of this document to receive information about the above-mentioned vested benefits account with Swisscanto Vested Benefits Foundation.

This power of attorney only confers the authority to receive information verbally and in writing but not the authority to take action. Any changes to or payments from the vested benefits account may only be requested by the holder of the vested benefits account.

Cancellation of this power of attorney may only be effected by written revocation.

Mandatory attachments: Copy of the ID/passport of the vested benefits account holder

Signature

Place, Date

Principal's signature

Proxy's signature

Please return this form to Swisscanto Freizügigkeitsstiftung der Kantonalbanken, Geschäftsstelle, St. Alban-Anlage 26, Postfach 3855, CH-4002 Basel, Switzerland.