Account number



Power of attorney for 3a pension assets

Personal data of the Princip	al (Contracting Party)		
Surname		First name	
Street, number		Postcode	City or town
Date of birth		Civil status	
Authorised representative			
Surname		First name	
Street, number		Postcode	City or town
Date of birth		Citizenship	
Relationship with the Principal			
Spouse	Civil partner	Father / mother	Son / daughter
Other relationship			

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- Copy of the identity card of the authorised representative

Documents to be submitted



Zugerberg 3a Vorsorgestiftung Lüssiweg 47 CH-6302 Zug +41 41 769 50 10 info@zugerberg-finanz.ch www.zugerberg-finanz.ch

Signature and confirmation

The signatures confirm that

- the Principal hereby grants to the authorised representative the power of attorney to represent them vis-à-vis the Zugerberg 3a Vorsorgestiftung.
- the Principal authorises the authorised representative to handle all matters with the exclusion of capital withdrawals and to represent the Principal vis-à-vis the Zugerberg 3a Vorsorgestiftung. This has the effect that the authorised representative is entitled and obliged in the same way as if the Principal had acted themselves. The authorised person may receive any information about the pension account.
- this power of attorney is governed exclusively by Swiss law. Place of performance, place of debt collection, the latter only for persons domiciled abroad, as well as exclusive place of jurisdiction for all disputes arising in connection with this power of attorney is Zug, Switzerland.
- the Zugerberg 3a Vorsorgestiftung is also authorised to assert its rights at the domicile of the Principal or before any other competent authority, with Swiss law remaining applicable exclusively.
- the power of attorney comes into effect immediately and can be revoked in writing by the Principal at any time.
- that the signatures as well as all other declarations and measures of the authorised representative are fully binding for the Principal.
- the Principal attests to the authenticity of the authorised representative's signature.

Place, date	Signature of the Principal (Contracting Party)
Place, date	Signature of the authorised representative

Delivery by mail

Please return the completed form with all relevant documents to: Zugerberg 3a Vorsorgestiftung, Lüssiweg 47, CH-6302 Zug