

Account number

Power of attorney for vested benefits credit

Personal data of the Principal (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

Documents to be submitted

- Copy of the identity card of the authorised representative

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 Freizügigkeiststiftung Wildspitz.
- 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 Freizügigkeiststiftung Wildspitz. 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 Freizügigkeiststiftung Wildspitz 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:
Freizügigkeiststiftung Wildspitz, Lüssiweg 47, CH-6302 Zug