

Authority and Notification of Authority to Lealta Foundation for Vested Pension Benefits

Authority In my capacity as Principal, I hereby grant the below-designated Agent the authority to represent my interests in connection with my vested pension benefits vis à vis Lealta Foundation for Vested Pension Benefits, Rubiswilstrasse 14, 6430 Schwyz.

Notwithstanding the present Authority, both I, as Principal, and the below-designated person as Agent, are aware that for asset management purposes or for the transfer of my vested pension benefits (e.g. following relocation abroad, self-employment or other), I still first need to satisfy all the requirements as Principal.

Validity This Authority is valid until it is revoked.

Account/Deposit Client/Portfolionumber

Agent

Name	First name
Street, N°	Postal code, place
Date of birth	Phone

Agent's signature

Place, date	Signature
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Principal

Name	First name
Street, N°	Postal code, place
Date of birth	Phone

Principal's signature

Place, date	Signature
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Attachment Copy of Agent's passport/ID