



J. Safra Sarasin

Power of attorney for the delivery of correspondence

I hereby grant the J. Safra Sarasin Vested Benefits Foundation to deliver all relevant correspondence to my personal intermediary at the address below:

Mr/Ms _____

Company _____

Stamp

Address _____

Postcode/Town _____

I confirm that as a customer I do not wish to receive any correspondence. This power of attorney can be revoked at any time. The revocation must be confirmed in writing.

Comments

To be completed by the insured person

Last name

First name

Address/Town

OASI number

Place, date

Signature of insured person