



## 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 \_\_\_\_\_

Town/City \_\_\_\_\_

**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 \_\_\_\_\_