



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 _____