

Pictet Vested Benefits Foundation (2nd Pillar)

General Power of Attorney

Please complete in capital letters and send the original form to:
Pictet Vested Benefits Foundation (2nd Pillar) – Route des Acacias 60 – 1211 Geneva 73

Should you need any assistance, please do not hesitate to contact us:
Tel. 058/323.29.20 – E-mail: pension@pictet.com

Account no.: _____

The undersigned (hereinafter, “account holder”) hereby confers all powers, **without right of substitution**, to:

	Attorney-in-fact 1	Attorney-in-fact 2
Last name: <i>Company name</i>	_____	_____
First name(s):	_____	_____
Date of birth: <i>Date of incorporation</i>	_____	_____
Street and no.:	_____	_____
Postal code/City:	_____	_____
Home/mobile tel.:	_____	_____
Email address:	_____	_____
Signature of attorney-in-fact: <i>List of signatures</i>	_____	_____
Type of signature:	<input type="checkbox"/> Individual	<input type="checkbox"/> Collective

PLEASE ATTACH A COPY OF AN OFFICIAL IDENTITY DOCUMENT

PLEASE ATTACH A LIST OF SIGNATURES

(hereinafter, the “attorney(s)-in-fact”)

for the purpose of duly representing me in all my/our dealings with the Foundation.

The attorney(s)-in-fact is/are hereby authorised, inter alia, but not limited, to choose to invest in any of the investment portfolios available to the account holder in accordance with Articles 4 and 5 of the Foundation regulations and to take the steps necessary for the situations mentioned in Article 10 of the Foundation regulations.

The attorney(s)-in-fact is/are not authorised to terminate affiliation of the account holder to the Foundation or existing business relations between the member and the Foundation.

This power of attorney shall remain valid until it is revoked. This power of attorney shall expire in the event of the death of the attorney-in fact or the loss of exercise of his legal capacity. This power of attorney shall not expire in the event of the death of the account holder, the loss of his legal capacity or his being adjudicated absent.

The relations between the Foundation and the account holder are governed by the bylaws and the regulations of the Foundation.

Date: _____

Signature of the account holder: _____

