



Power of attorney

Please fill in this form digitally or in clear block capitals.

Principal

Surname/ Company name _____
First name _____
Street, No. _____
Postcode, town, country _____
Phone number _____
Date of birth _____
OASI (AHV/AVS) No. 7 5 6 . _____ . _____ . _____

Authorised person or institution

Surname/Institution _____
First name _____
Street, No. _____
Postcode, town, country _____
Phone number _____ E-mail _____
Gender f m

Scope of power of attorney

Please only tick **Information and inspection of files** (with or without medical data) or **Representative**.

- Information and inspection of files** including medical data

As the principal, I hereby authorise the Substitute Occupational Benefit Institution to provide the authorised person or institution with information, allow the authorised person or institution to inspect the files and release the Substitute Occupational Benefit Institution from its statutory duty of confidentiality.

- Representative**

As the principal, I authorise the authorised person or institution to safeguard my interests and represent me. As the principal, I furthermore authorise the Substitute Occupational Benefit Institution to provide the authorised person or institution with information, allow the authorised person or institution to inspect the files and release the Substitute Occupational Benefit Institution from its statutory duty of confidentiality. All correspondence must be addressed to the authorised person or institution.

Validity of power of attorney

Please tick only one option.

- This power of attorney is valid until revoked.
- This power of attorney is valid until death.
- This power of attorney is valid until: _____

Signature

The power of attorney must be signed personally.

Surname, first name _____

Place, date

Signature

Note on data protection

Your personal data is processed in accordance with the Federal Act on Data Protection (FADP) and the Data Protection Ordinance (DPO). The privacy policy of the Substitute Occupational Benefit Institution can be found at: <https://aeis.ch/en/privacy-policy>.



Stiftung Auffangeinrichtung BVG
Fondation institution supplétive LPP
Fondazione istituto collettore LPP

Confidential

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Please enclose this cover sheet with the documents you return to us. Thank you.

When returning your documents, please do not use paper clips, staples, or adhesive tape.

