

Account Information

For the sake of completeness of your share deposit we need you to complete this form in full and return it by post or fax, duly signed, to **Swiss Life, Shareholder Services, P.O. Box, 8022 Zurich**. We would be glad to help if you have any questions.

Principal

Last name/first name _____

Street/no. _____

Postcode/city _____

Deposit no. _____

Account Information

I hereby instruct Swiss Life to transfer any future assets as follows:

Bank account no.: _____

IBAN / SWIFT no.: _____

Account holder: _____

Name of bank: _____

Bank address _____

Bank clearing no. (BC no.) _____

P.O. account no. _____

IBAN: _____

Account holder: _____

Date _____ Signature _____