

Power of attorney for pension recipients

Authorizing person (person granting power of attorney):

First name/surname:	<input type="text"/>	Date of birth:	<input type="text"/>
Residential address:			
Street: <input type="text"/>			
Postcode/city:	<input type="text"/>	Country:	<input type="text"/>
Tax domicile if different from residential address (e.g. if resident in retirement/nursing home)			
Street: <input type="text"/>			
Postcode/city:	<input type="text"/>	Country:	<input type="text"/>

Authorized person (person granted power of attorney):

First name/surname:	<input type="text"/>	Date of birth:	<input type="text"/>
Street: <input type="text"/>			
Postcode/city:	<input type="text"/>	Country:	<input type="text"/>
E-mail:	<input type="text"/>	Telephone:	<input type="text"/>

Power of attorney

The authorizing person hereby authorises the authorized person to perform the following actions:

Please make your choice by ticking each of the following types of authority

		Yes	No
A	Change of address		
	Notification of new address (residential and/or tax domicile)	<input type="checkbox"/>	<input type="checkbox"/>
B	Correspondence address		
	Delivery of correspondence to authorized person c/o	<input type="checkbox"/>	<input type="checkbox"/>
C	Bank details		
	Notification of new bank account details of pension recipient (Transfers to third parties are possible if requested by an authority)	<input type="checkbox"/>	<input type="checkbox"/>
D	Tax documents		
	One-off delivery of tax documents (pension certificate)	<input type="checkbox"/>	<input type="checkbox"/>

Validity of power of attorney: Unlimited Limited until:*

*If not specified, power of attorney applies until revoked

Accompanying documents required

- Copy of ID with principal's signature (power of attorney is not accepted without a copy of ID)
- In the event of a change of bank account: proof of IBAN and account holder (e.g. account statement)

Place and date

Signature of authorizing person

Please return the **original** copy of this form, including all necessary documents, to:
Pension Funds of F. Hoffmann-La Roche Ltd, CH-4070 Basel (see reverse).

Pensionskassen der F. Hoffmann-La Roche AG
Rentnerbetreuung
4070 Basel
Schweiz

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