

The independent pension platform

**Authority and Notification of Authority to Liberty Foundation for Vested Pension Benefits****Authority**

In my capacity as Principal, I hereby grant the below-designated Agent the authority to represent my interests in connection with my vested pension benefits vis à vis Liberty Foundation for Vested Pension Benefits, Postplatz 3, 6430 Schwyz.

Notwithstanding the present Authority, both I, as Principal, and the below-designated person as Agent, are aware that for asset management purposes or for the transfer of my vested pension benefits (e.g. following relocation abroad, self-employment or other), I still first need to satisfy all the requirements as Principal.

**Validity**

This Authority is valid until it is revoked.

**Agent**

Name  First name

Street, N°  Postal code, place

Date of birth  Phone

**Agent's signature**

Place, date  Signature

**Principal**

Name  First name

Street, N°  Postal code, place

Date of birth  Phone

**Principal's signature**

Place, date  Client's signature

**Attachment**

– Copy of Principal's passport/ID