

Redemption / transfer / closure of securities account

Please complete all fields, tick where appropriate and duly sign this form by hand.

General information	
Securities account no.	E-mail
Surname	First name
Address	Post code/town
Country	Phone/mobile
Redemption*	
I would like to withdraw	The amount of CHF
Payable to the following bank account (in the name of the deposit holder)	IBAN: CH
	Name of bank
I would like to withdraw the following funds	ALL funds down to a balance of CHF
Payable to the following bank account (in the name of the deposit holder)	IBAN: CH
	Name of bank
Transfer to securities account*	
Transfer to securities account no.	The amount of CHF
* Minimum balance of CHF 50 for redemptions or transfers; minim	um investment amount of CHF 50 per securities account
Closure of securities account	
I would like to close the above securities account	
Transfer to securities account no.	Securities account no.
Transfer to bank account (in the name of the deposit holder)	IBAN: CH
	Name of bank
Reasons for closing the securities account	
Unsatisfied with performance	Customer support
Range of products	I wish a callback at
Other reasons	
Orders are carried out on a monthly basis. They must be dated, du the respective deadline in order to become effective in the followi sent by e-mail. Correct transmission is the sole responsibility of th or delayed orders.	ng month. Orders may be submitted by post or scanned and
I hereby confirm that I have read and understood the prospectus v	with the integrated Investment Regulations, the key information

document (KID), the General Terms and Conditions of Avadis Vermögensbildung SICAV, the FinSA information sheet and the information sheet on investment principles and accept their contents as legally binding.

Place, date

Signature

Order acceptance deadlines in 2024 29.1./27.2./26.3./26.4./29.5./26.6./29.7./28.8./26.9./29.10./27.11./24.12.2024

To be completed by the office	
MU:	КО:
AK:	КО: