

Pictet Vested Benefits Foundation (2nd Pillar)

Right to Information

Please complete in capital letters and send the original form to:
Pictet Vested Benefits Foundation (2nd Pillar) – Route des Acacias 60 – 1211 Geneva 73

Should you need any assistance, please do not hesitate to contact us:
Tel. 058/323.29.20 – E-mail: pension@pictet.com

Account no.: _____

The undersigned (hereinafter, “account holder”) hereby confers a right to information to:

| | Party with a right to information 1 | Party with a right to information 2 |
|--|-------------------------------------|-------------------------------------|
| Last name: <i>Company name</i> | _____ | _____ |
| First name(s): | _____ | _____ |
| Date of birth: <i>Date of incorporation</i> | _____ | _____ |
| Street and no.: | _____ | _____ |
| Postal code/City: | _____ | _____ |
| Home/mobile tel.: | _____ | _____ |
| Email address: | _____ | _____ |
| Signature of the party with a right to information: <i>List of signatures</i> | _____ | _____ |

PLEASE ATTACH A COPY OF AN OFFICIAL IDENTITY DOCUMENT

PLEASE ATTACH A LIST OF SIGNATURES

The party enjoying the right to information shall be entitled to be informed of all transactions carried out on the above-mentioned account and to receive copies of the statements related therewith.

The party enjoying the right to information shall not be entitled to legally dispose of or exercise any control whatsoever over the assets held in the above-mentioned account. Likewise, he/she shall not be authorised to instruct the bank as to the management or administration of the account.

This right to information shall remain valid until it is duly revoked. Said right shall terminate upon the death or the loss of legal capacity of the party enjoying the right to information. This right to information shall not expire in the event of the death of the account holder, the loss of his legal capacity or his being adjudicated absent.

The relations between the Foundation and the account holder are governed by the bylaws and the regulations of the Foundation.

Date: _____

Signature of the account holder: _____

