

Payment plan / profit-taking plan

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

Payment plan*

Amount: CHF _____

Payment frequency (please select your preference):***

monthly quarterly semi-annual annual

Profit-taking plan**

Limit: CHF _____

Payment frequency (please select your preference):***

monthly quarterly semi-annual annual

Transfer to Avadis securities account

Securities account no. _____

Transfer to bank account
(in the name of the deposit holder)

IBAN: CH _____

Name of bank _____

* For regular payments, starting at account balance of CHF 20,000

** For profits/income above the limit, starting at account balance of CHF 20,000

*** Instructions regarding the adjustment of the payment/profit-taking limits and the payment frequency may be given on a monthly basis.

Cancel payment plan/profit-taking plan

Orders are carried out on a monthly basis. They must be dated, duly signed (by hand) and must reach Avadis no later than the respective deadline in order to become effective in the following month. Orders may be submitted by post or scanned and sent by e-mail. Correct transmission is the sole responsibility of the sender. Avadis assumes no responsibility for incorrect or delayed orders.

I hereby confirm that I have read and understood the prospectus with the integrated Investment Regulations, the key information documents (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 2023
29.8./27.9./27.10./28.11./27.12.2023

To be completed by the office

MU: _____

KO: _____

AK: _____

KO: _____