

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*	Payment frequency (please select your preference):***
Amount: CHF	monthly quarterly semi-annual annual
Profit-taking plan**	Payment frequency (please select your preference):***
Limit: CHF	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 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:	KO: