

## Authority and Notification of Authority to Liberty 1e Flex Invest Foundation

**Authority** The undersigned hereby empower(s) the person or company named hereafter as his/their Representative to represent his/their interests with regard to the affiliation to Liberty 1e Flex Invest Foundation, Steinbislin 19, PO Box 733, 6431 Schwyz.

The undersigned and the Representative both acknowledge that, despite the present Authority, all formalities still have to be signed by the Principal.

**Validity** This Authority is valid until it is revoked.

**Affiliation** Contract N°

**Agent** Name First name

Street, N° Postal code, place

Date of birth Phone

**Agent's signature** Place, date Signature (company seal required for companies)

**Principal** Name First name

Street, N° Postal code, place

Date of birth Phone

**Principal's signature** Place, date Signature (with stamp)