

Pensionskassen Novartis  
Vorsorgeberatung  
WSJ-791.4  
Postfach  
CH-4002 Basel

## Power of attorney

I, the **entitled person to a pension**

Surname, firstname

Address

Date of birth

Number personnel

grant herewith the **authorized person**

Surname, firstname

Address

Degree of kinship

power of attorney to represent me in all matters concerning the Novartis Pension Fund. The delivery of all mail should be from now on to the

☐ person entitled to pension or

☐ authorized person.

The authorized person is entitled in particular to make declarations and sign documents. The person entitled to the pension herewith acknowledges that all actions and declarations of the authorized person are legally binding and approves these in advance.

Please enclose a copy of the ID or passport from you and the authorized person.

Place, date

Signature person entitled to a pension

Signature authorized person