

עמיתים קרנות הפנסיה הוותיקות

**Power of attorney form for an insurant/heir/survivor staying abroad and wishing to withdraw funds and transfer it to his bank account**

I the undersigned \_\_\_\_\_ (enter given name and surname), holder of I.D. number \_\_\_\_\_ residing at \_\_\_\_\_ hereby empower Mr./Mrs. \_\_\_\_\_ (enter given name and surname) holder of ID Number \_\_\_\_\_ residing at \_\_\_\_\_ (enter the address details for the attorney in power)  
Email: \_\_\_\_\_

**To withdraw by a lump sum all the funds accumulate in my name in the pension fund:**

\_\_\_\_\_ .

**I hereby enclose an original account management confirmation form signed by the bank, or a cancelled original check.**

For the avoidance of doubt, it is hereby clarified that:

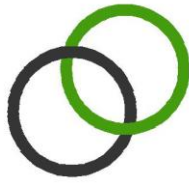
- a. Upon the withdrawal of the funds, no financial or pension rights will remain in the fund, in as much as there were any. I know that an insurant asking a lump sum withdrawal, waives his right to a pension, in as much as such right existed under the set of rules.
- b. I know the funds withdrawal cancels all the pension rights, which accumulated (if I accumulated) in any of the Senior Pension Funds under the regularization (Mivtahim, Makefet, Binyan, Haklaim, Nativ, Eged, Hadassah, K.G.M)

I hereby waive confidentiality of the information towards my attorney in power and undertake not to raise any argument and/or demand and/or claim towards the Fund regarding any damage caused by the Fund's action per the power of attorney, and the instructions of the attorney in power.

I know that the power of attorney will be **valid for only three years** from its execution date.

Date: \_\_\_\_\_ Signature \_\_\_\_\_





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**Consul's / Apostil confirmation (You may enclose a confirmation in the English language)**

I the undersigned: \_\_\_\_\_ (Enter the given name and the surname), Consul/Apostil License number \_\_\_\_\_ with my address being \_\_\_\_\_ hereby confirm that today appeared before me and signed \_\_\_\_\_ (enter the given name and surname of the insurant) holder of ID number \_\_\_\_\_ the above power of attorney, after I explained to him/her the stated in it.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Stamp \_\_\_\_\_

**\* You must enclose a copy of the insurant/heir Survivor and the attorney in power's ID certificate**

