



עמיתים קרנות הפנסיה הוותיקות

**Power of attorney form for an Adv./CPA**

I, \_\_\_\_\_ (enter given name and surname) bearer of ID: \_\_\_\_\_  
Hereby appoint as my attorney in power Mr./Mrs. \_\_\_\_\_ (enter given name and  
surname of the Adv./CPA), bearer of ID No. \_\_\_\_\_, Email: \_\_\_\_\_  
to obtain information and date regarding the status of my rights in the Fund \_\_\_\_\_

For the avoidance of doubt, it is clarified that this power of attorney allows my attorney in power to receive **only information** regarding my accumulated rights in the Fund, and it does not allow him/her to act in my name and in my account with the Fund and/or give instructions to the Fund to perform any actions regarding my rights in the Fund, and it does not apply to any medical information.

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 due to any damage caused by providing the information.

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

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

**Confirmation**

I, \_\_\_\_\_ (enter the given name and the surname), Adv./CPA, license No. \_\_\_\_\_, my address being \_\_\_\_\_ hereby confirm that today signed in my presence Mr./Mrs. (enter the insurant's given name and surname), bearer of ID number \_\_\_\_\_ the above power of attorney, after I explained to him/her the stated in it.

Signature and stamp \_\_\_\_\_ Date \_\_\_\_\_

**\* You must enclose a copy of the insurant's ID certificate.**

