AMITIM
PENSION FUNDS

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

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**