

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 insulants' given name and surname), bearer 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 insulants' ID certificate.**