



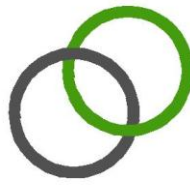
Proxy for an Insured/Inheritor /Dependant Living abroad and wishes to transfer the monies to an empowered representative in Israel

I the undersigned _____ (please insert the given name and the family name of the insured/inheritor/dependant), registered under Israeli ID number _____ from _____ (Please insert the full address of the insured/inheritor/dependant) , hereby empower and authorize Mr./Mrs./Ms _____ (please insert the given name and the family name of the Empowered Representative) registered under Israeli ID number _____ from _____ (Please insert the full address of the empowered representative), (hereinafter the “Empowered Representative”) to withdraw in onetime lump sum all the monies accumulated under my name and due to me in _____ Pension Fund (It is mandatory to fill in the full name of the pension fund) . I request that the monies be transferred to the banking account of my above Empowered Representative. Account number _____ in Branch _____ of _____ (Please fill in the full name of the Bank) (The Empowered Representative should attach herewith an original reference from his Bank, enabling identification of the Empowered Representative as the Banking Account owner or a cancelled original cheque from the Empowered Representative Banking Account and fill a request form)

To avoid any doubts, it is hereby clarified as follows:

- A.** To the extent I had monetary and/or pension rights in the Pension Fund, upon the above withdrawal of monies I shall no longer be entitled to such rights and they shall cease to exist. I further confirm that I know that an insured that requests withdrawal of the monies accumulated in the Pension Fund in a onetime lump sum amount is no longer entitled to any form of pension; to the extent such right existed before the withdrawal under the Pension Fund’s bylaws and regulations.
- B.** I confirm that I am aware that the withdrawal of the monies cancel and annul all the pension rights I have acquired or was entitled to (To the extent such entitlement existed) in all the senior Pension Funds under special management (Mivtahim, Makefet, Binyan, Haklayim, Nativ, Egged, Hadassa, Kagam).





I authorize the Pension Fund to disclose to my Empowered Representative all personal and confidential information held by the Pension Fund and hereby waive my right for information confidentiality in this regard. I further commit and undertake to hold the Pension Fund harmless and not to claim from, demand or sue the Pension Fund for any damage, harm or loss which I may incur as a result of the Pension Fund actions in accordance with this Proxy and/or resulting from the instructions the Pension Fund receives from my Empowered Representative.

I hereby confirm that I am aware and agree that this Proxy shall be valid only for 3 years from the date of its signature.

Date _____

Signature _____

Consul Certificate/Apostil (An English Apostil is allowed)

I the undersigned, Consul/Apostil

_____ (Please fill in the full name of the Consul/Apostil), License number _____

from _____ (Please insert the full address of the Consul/Apostil) hereby confirms that on _____ (Date) appeared before me Mr./Mrs./Ms

_____ (Please insert the full name of the insured/inheritor/dependant) , Israeli ID number _____ and signed this Proxy in my presence after I explained to him/her the content of this Proxy.

Date	Signature	Seal
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- **Please attach a copy of the ID. Card of both the insured/inheritor/dependant and the Empowered Representative**

