

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					
(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.
- 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	Signa	ture				
Consul's/ Apostil confirmat	tion (You may enc	lose a confir	mation in the En	glish 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	Signatu	Signature					
* You must enclose a copy of Call center: *6667 Website: www.amitim.com Mail delivery: POB 7280, Tel Aviv 6107201 Email: amitimmail@amitim.com	 the insurant/heir Su MIVTACHIM Mivtachim - The Workers Social Insurance Fund Ltd. HAKLAIM The Insurance and Pension Fund for the Agricultural and Non Professional Workers Cooperative Society Ltd. 	rvivor and the MAKEFET Keren Makefet Pension and Provident Center Cooperative Society Ldt. NATIV Nativ - The Workers of The Histadrut Industries Pension Fund Ltd.	Kagam (Kagam) Keren Hgimlaot Hmerkazit Histadrut	s ID certificate			