

Proxy for an Insurant/ Inheritor/Survivor living abroad and wishes to transfer the money to an empowered representative in Israel

I the undersigned _____ (Please insert the given name and family name of the insurant/inheritor/survivor), registered under Israeli ID number _____ from _____ (Please insert the full address of the insurant/inheritor/survivor), hereby empower and authorize Mr./Mrs./Ms _____ (Please insert 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 money 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 money 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 he 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 money I shall no longer be entitled to such rights and they shall cease to exist. I further confirm that I know that an insurant that requests withdrawal of the money 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 money cancels 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.
- C. I am aware that the information provided to the Foundation is partly required by law and by the Foundation's regulations and will be used by the Foundation to examine my rights, for the purposes of providing the service, improving it, streamlining it and operating it, and for

 **קרן הדסה**
 קופת הפנסיה
 לעובדי הדסה בע"מ
 (בניהול מיוחד)

 **קרן קגמ**
 קרן הגמלאות המרכזית
 של עובדי ההסתדרות
 בע"מ (בניהול מיוחד)

 **קרן מקפת**
 קרן מקפת מרכז
 לפנסיה ותגמולים א.ש.
 בע"מ (בניהול מיוחד)

 **קרן מבטחים**
 מבטחים מוסד לביטוח
 סוציאלי של העובדים
 בע"מ (בניהול מיוחד)

 **קרן אנד**
 קרן הגמלאות של
 חברי אנד בע"מ
 (בניהול מיוחד)

 **קרן בניין**
 קרן הביטוח והפנסיה
 של פועלי בנין ועבודות
 ציבוריות אגודה שיתופית
 בע"מ (בניהול מיוחד)

 **קרן נתיב**
 נתיב קרן הפנסיה של
 פועלי ועובדי מפעלי
 משק ההסתדרות בע"מ
 (בניהול מיוחד)

 **קרן חקלאים**
 קרן ביטוח ופנסיה לפועלים
 חקלאים וכלות מקצועיים
 בישראל א.ש. בע"מ
 (בניהול מיוחד)

מוקד שירות לקוחות: *6667

אתר אינטרנט: www.amitim.com

מען למשלוח מכתבים: ת.ד. 7280, תל-אביב 6107201

כתובת דואר אלקטרוני: amitimmail@amitim.com

conducting statistical research. The information will be transferred to third parties in accordance with the provisions of the law, the Foundation's regulations and bylaws, including local authorities and government bodies, as applicable. Failure to provide information will prevent us from providing you with a service or responding to your inquiries. Details about your right to review or correct the information can be found in our privacy policy, which can be found on our website at: www.amitim.com.

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
insurant/inheritor/survivor), Israeli ID number _____ and signed this Proxy in
my presence after I explained to him/her the content of this Proxy.

Date

Signature

Stamp

- **Please attach a copy of the ID. Card of both the insurant/inheritor/survivor and the Empowered Representative**