AMITIM
PENSION FUNDS

Power of attorney form for an insurant/survivor staying abroad and asking to receive an old/age pension

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) the attorney in power's Email: _____

To sign in my name all the forms and documents required to exercise my right to receive an old age /survivor/s pension (erase the unnecessary) form the fund _____

1. 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.
2. I know that the power of attorney will be **valid for only three years** from its execution date.
3. I hereby declare that I know that a condition for the receipt of a pension from the Fund while I am staying abroad is providing the Fund with a "Life Certificate" every six months, signed by a consul or an Apostil.
4. 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 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**

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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/survivor) 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**

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