AMITIM
PENSION FUNDS

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 _____

1. 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.
2. 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.
3. I know that the power of attorney will be **valid for only three years** from its execution date.
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**

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 insurant's 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 insurant's ID certificate.**