

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 _____ residing at _____ (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.
- b. 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)
- 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 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.

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

Signature

 **MIVTACHIM**
 Mivtahim –
 The Workers Social
 Insurance Fund Ltd.

 **MAKEFET**
 Keren Makefet Pension
 and Provident Center
 Cooperative Society Ltd.

 **KAGAM**
 Keren Hgimlaot
 Hmerkazit Histadrut
 Central Pension Fund Ltd.

 **HADASSAH**
 The "Hadassah"
 Workers Pension
 Fund Ltd.

 **HAKLAIM**
 The Insurance and Pension
 Fund for the Agricultural and
 Non Professional Workers
 Cooperative Society Ltd.

 **NATIV**
 Nativ – The Workers
 of The Histadrut
 Industries Pension
 Fund Ltd.

 **BINYAN**
 Insurance and Pension
 Fund of Construction and
 Public Works, Workers,
 Cooperative Association Ltd.

 **EGGED**
 The "Egged"
 Members Pension
 Fund Ltd.

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) 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**



Mivtachim –
The Workers Social
Insurance Fund Ltd.



Keren Makefet Pension
and Provident Center
Cooperative Society Ltd.



Keren Hgimlaot
Hmerkazit Histadrut
Central Pension Fund Ltd.



The "Hadassah"
Workers Pension
Fund Ltd.



The Insurance and Pension
Fund for the Agricultural and
Non Professional Workers
Cooperative Society Ltd.



Nativ – The Workers
of The Histadrut
Industries Pension
Fund Ltd.



Insurance and Pension
Fund of Construction and
Public Works, Workers,
Cooperative Association Ltd.



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