



Life certificate for a pension fund Beneficiary

Type of pension

<input type="checkbox"/> Survivors Pension	<input type="checkbox"/> Disability Pension	<input type="checkbox"/> Allowance Pension
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Details of the beneficiary

Last name	First name	Date of birth	Sex	Israeli Identity number
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F	

Address

Street/POB	House Number	Entrance	Apartment	Town	Zip code
Country / state		Email address			

Family status

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow	<input type="checkbox"/> Divorced	<input type="checkbox"/> Common-law partnership
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Date	Signature of beneficiary

Authorization (Fill out in one of the languages)

I the undersigned _____ hereby certify that on the date _____, Mr./Ms. _____ appeared before me and proved his/her identity to me by _____ (type & country) identity card number _____, confirmed the truth and correctness of this certificate and signed it in my presents.

Signature of certifying authority and stamp	Place	Date