



עמיתים קרנות הפנסיה הוותיקות

**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 \_\_\_\_\_

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.

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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**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**

