



## 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
--	---	--

### 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
---------------------------------	----------------------------------	--------------------------------	-----------------------------------	---

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