

Enduring Power of Attorney

This form is drafted in masculine form but is intended to cover both genders

Identification details of the donor

I, the undersigned (the details of the name should be as that appearing in the identity card)

Forename _____ surname _____

Israel identity number _____

Foreign passport number(if there is no Israel identity number) _____

Permanent place of residence : country _____ settlement _____

Contact details of the donor

I request to receive from the Administrator General ,notices in one of the following forms:

(all the details should be filled in and one option indicated for the purpose of receipt of notices)

+ address for mailing by post

Country _____ settlement _____ Street _____ number _____

Entrance _____ postcode _____ post box number _____ postcode of box number _____

+ email address _____

+ mobile telephone number(this option constitutes agreement to receive SMS messages) _____

For the purposes of entry into the Internet site for observation of the document and carrying out of actions , the following code shall be sent:

+ To this following email address _____

+ to the SMS of the mobile phone whose number is _____

Details of the empowered person

(in the event of the appointment of more than one person, then details of each of them should be made separately and it should also be indicated if they are an appointed person in addition to/jointly/or as a replacement for the empowered person)

I appoint and empower (the name of the person should appear as it appears as his identity number)

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+ Forename _____ surname_____

+ Israeli identity number_____

+ , foreign passport (if there is no Israeli identity number)_____

+ Number of foreign passport _____ country of issue_____

I declare that between the empowered person and myself there is a family relationship

+ yes . Nature of relationship_____

+ no

I declare that between the empowered person and myself there exists a different relationship as follows:

+professional person (detail the profession) _____ License number _____

(it should be indicated only if the empowered person is chosen because of his being a professional person

+ other relationship (friend/ acquaintance)_____

I empower my empowered person to take decisions, carry out actions and to represent me in the following matters:

+ In all property matters

+ in the following property matters_____

+ In all property matters other than the following property matters

+ In all personal matters (not including medical matters)

+ in the following personal matters(not including medical matters)_____

• In all personal matters (not including medical matters) other than the following matters:

In all medical matters

+ in the following medical matters _____

+ in all medical matters other than the following matters _____

In the event of more than one empowered person details should be completed for each one of them separately and indicate if he is empowered in addition to / jointly / or as an alternative to the empowered person

PRIOR DIRECTIONS

Entry into force of this Power of Attorney shall be the time when I cease to understand the matters for which the Power of Attorney is being given

+ I am aware that in the absence of specific instructions, the decision that I am incapable of understanding a matter shall be by an Opinion of an Expert in accordance with the Capacity and Guardianship Law 1962 (hereinafter- "the law")

I request to fix special instruction the form in which capacity shall be decided that I am not capable of understanding a matter (wholly or partially) as follows (optional section) _____

+ The entry into force of property matters wholly or partially (as detailed) shall be (optional section)

on date _____

+ I wish to order that the empowered person shall notify one or more persons(as detailed below) , prior to the delivery of notice to the Administrator General of entry into force of the power of attorney.

Details of the person to whom notification should be given as to the entry in force of the power of attorney

Forename _____ surname _____

+ Israel identity number _____

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+ Foreign passport (if no Israel ID) _____

+ foreign passport number _____ country of issue _____

Telephone number _____ email address _____

Settlement _____ Street _____ number _____

Prior directions to the empowered person

I wish to give directions to the empowered person as follows (optional section) _____

Matters requiring specific agreement under Section 32 (f) (c) of the Law

+ I wish to empower my empowered person also in those matters requiring specific agreement (optional section) _____

+ I wish to authorize my empowered person to give agreement for examination, treatment ,psychiatric hospitalization or for release from such hospitalization as above, in a psychiatric hospital or a psychiatric ward in a general hospital.

• I wish to order that my empowered person shall not be authorized to take decisions in matters concerning psychiatric examination or treatment in the community or to receive information concerning examination, treatment or hospitalization in a psychiatric hospital or psychiatric ward in a general Hospital.

+ I wish to authorize my empowered person to give agreement for examination , treatment, psychiatric hospitalization or discharge from such hospitalization , even if at the time of requesting agreement from my empowered person , I object to same , that being after having received an explanation of same by a psychiatrist and signing before him .

DIRECTIONS IN RESPECT OF EXPIRY OF VALIDITY OF POWER OF ATTORNEY

+ I am aware that the power of attorney will expire in the event that my empowered person will lose capacity under the Law ,to act or if the empowered person notifies me or my relatives in writing that he is not interested in acting as the empowered person or if there exists the conditions prescribed under Section 32 (t)(b) of the Law.

- Other circumstances for expiry of the power of attorney(optional section)
- I wish to prescribe that the power of attorney shall remain valid even if I notify of my wish to cancel it when I will not be of legal capacity to sign a power of attorney

People to be informed and transfer of information

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- I wish to appoint one person or more whom my empowered attorney shall inform and at of decisions or actions on subjects and at times as follows:

Details of the informed person

Forename _____ surname _____

- Israel identity number _____
- foreign passport(if no Israel identity number) _____
- foreign passport number _____ country of issue _____
- telephone _____ email address _____
- country _____ settlement _____ Street _____
number _____
entrance _ postcode _____ post box number __ post box postcode _____

The report shall be in the following matters

The report shall be at the following times:

- I wish that the informed person should receive a copy of the power of attorney
- I wish that the empowered person shall report his actions to the Administrator General and be subject to the supervision of the Administrator General(optional section)

I agree to the delivery of a copy of this power of attorney or to permit examination thereof to every person treating me as defined in the Rights of the Patient Law 1996 for the purpose of treating me

Yes _____ No _____

- I declare that on _____ I signed a power of attorney for the giving of directions for medical treatment
- I declare that on _____ I deposited power of attorney for the giving of medical treatment in the Ministry of Health

Provision of information to a relative

('relative' is defined as: father mother son daughter brother sister grandfather grandmother grand son, granddaughter(see definition of relative in Section 80 of the Law)

*it is my wish that my relatives shall be entitled information under the Law

* it is my wish that the provision of information to my relatives shall be restricted according to the following details:

Restrictions on delivery of information to relatives

Type of relative _____ forename _____ surname _____

- Israeli identity number _____
- foreign passport(if no Israel identity number) _____
- number of foreign passport _____ country of issue _____

The information shall not be delivered in the following matters:

THE SIGNATURES

Signature of the donor

I, the undersigned declare that I understand the implications of the giving of the power of attorney, its purpose and its consequences and that the power of attorney is given by my own free will and consent, without there being imposed upon me coercion or undue influence without exploitation of my plight or my weakness

Day _____ month _____ year _____

Forename _____ surname _____

SIGNATURE OF THE DONOR _____

I, the undersigned hereby declare as follows:

I agree to act as the empowered person of :

Forename _____ surname _____ identity number _____

After having it been explained to me the implications of the power of attorney and after I have read and understood its implications, responsibilities and authorities and after it having been explained to me the matters which are not within my authority and the matters which require approval by the court.

I fulfill the conditions of capacity to act as empowered person as prescribed in section 32 c (a) of the Law.

I request to receive notices from the Administrator General in one of the following forms:

(all the details should be filled out and one preferred option for receipt of notices indicated)

- postal address _____

country _____ settlement _____ Street _____ number _____

entrance _____ postcode _____ post box _____ postcode of post box _____

- email address _____
- mobile phone(indicating this section constitutes agreement to receive SMS) _____

For the purpose of entering the website , examining the document and carrying out of actions the following code should be sent:

- to this email address _____
- SMS to this mobile number _____

Day _____ month _____ year _____

Forename _____ surname _____

SIGNATURE OF THE EMPOWERED PERSON _____

Signature of the attorney / professional person (but the latter only in the case of a Lasting Power of Attorney for medical matters solely) **before whom the power of attorney is signed**

1. I the undersigned declare that on the _____ day of _____ there signed before me the donor _____ identity number _____ . I identified the above donor by his identity number or foreign passport and in accordance with his date of birth identifying same in my presence that he is an adult

2. I have found that the donor is

+ not a person with limitations requiring adjustment

+ is a person with limitations and these are the means of adjustment which I have taken at the time of signature of the power of attorney _____

3. I have explained to the donor that it is possible for him to appoint a person to whom notification of entry into force of the power of attorney, a person to whom it should be possible to receive reports as above, and the amount of information which should be given to him and the donors family.

4. I have explained to the donor that the designated person cannot be a member of the family of the empowered person(unless the empowered person is a relative of the donor)

5. I have explained separately to the donor matters concerning the above law and he understands my explanation:

- the legal consequences of the lasting power of attorney
- the existing alternatives by law to a lasting power of attorney including prior instructions for the appointment of a guardian, future decisions which should be taken in his name or actions which will be taken in his name by a guardian, a supporter of decision-making.
- Matters which can be included in a lasting power of attorney and especially instructions in connection of it coming into force, prior instructions, restrictions on the type of matters and instructions in the matter of delivering of information

+ acts which the empowered person shall not be authorized to carry out without specific agreement in the power of attorney as stated in section 32f (c) of the Law

+ that the empowered person under this lasting power of attorney even if it is for medical matters-is not authorized to make decisions or give instructions or. Carry out any action in respect of medical treatment at the end of life, under the Patient about to Die Law2005 .

- Actions which the empowered person shall not be authorized to carry out without the prior approval of the court in accordance with section 32(f (d) of the Law
- the possibilities of canceling the power of attorney or to fix that it should be in force even if the empowered person requests to cancel it when he shall be incapable

6. I am satisfied that the empowered person understands the implications of the power of attorney, its purpose and its consequences and I satisfied that the donor is authorised and that the power of attorney is given by him in his own free will without any duress on the donor coercion or undue influence and without exploitation of his distress or the weakness of the donor.

7 I am satisfied that the donor possesses the conditions of capability as fixed in the Law

8 I declare that I have received capacity under Section 32 (16) of the Law

9 .I declare that I have no personal interest in the power of attorney

I have made my signature

Day month year

Forename surname license number

Israel identity number signature of lawyer