



## Determination of Survivors Entitlement to Benefits

### EMPLOYEE'S PARTICULARS

First Name	Surname	ID No.																	
Section/Faculty										Department									
Tel. No.					Mobile phone					Fax					E-mail:				

### EMPLOYEE'S DECLARATION

*I, the undersigned, request that the life insurance benefits, my salary and any other payment that will be due to me from you on the day of my death, Heaven Forbid, owing to my work at Ben Gurion University of the Negev will be paid (unless there is a binding provision in another law):*

- To my lawful heirs  
 To the beneficiaries whose names are specified in the parts indicated next to their names:

Surname	First name (full)	ID No.	% of Share	Family Relation <b>(Specify)</b> Brother/sister/dependent parent/spouse/child/other

### POWER OF ATTORNEY

I hereby empower	First Name	Surname	ID No.																
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*to go into my e-mail account in the unfortunate event of my death.  
 This declaration revokes any previous declaration that I have given in this regard.  
 I, the undersigned, hereby appoint Ben Gurion University of the Negev to be my lawful attorney and to sign any document, within its definition in the Control of Insurance Business Law (Amendment No. 4, 5749-1979).*

First name and surname:	Signature	Date
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