



STATE OF ISRAEL  
MINISTRY OF DEFENSE  
Bereaved families and Commemoration Department  
The Pensions and Benefits Unit

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

Dear Sir/Madam,

Re: **Endorsement of Pensions and Benefits of Families and  
Commemoration Department Beneficiaries**

1. The amount of pensions and grants for families and commemoration department beneficiaries are determined according to the law and directives of the Department.
2. In order that we may verify the continuation of your entitlement in accordance with the law and relevant regulations, you are kindly requested to complete the details in the attached "personal details" form.
3. Upon completion of the "personal details" form, you are kindly requested to appear before and identify yourselves to an employee of the Israeli Consulate located closest to your residence, or to an employee of an official representation of the State of Israel, or to a Notary, and to sign the form in their presence, in order that your signature and identities can be verified in accordance with the identification documents/passport presented to him.
4. The completed form can be forwarded through the Official Representation closest to your residence, or it can be sent direct to its official address as stated in the Form.
5. As return of the duly certified form is a condition for continued receipt of payment of pensions and benefits, the duly signed form should be returned as soon as possible.

Thank you for your cooperation.

Yours truly,

Pensions Officer



**STATE OF ISRAEL**  
**MINISTRY OF DEFENSE**  
 Bereaved families and Commemoration Department  
 The Pensions and Benefits Unit  
 Tel. No. 972-3-7776700

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

Dear Sir/Madam,

**FORWARDING ADDRESS (BY MAIL):**

The Ministry of Defense,  
 Bereaved Families and Commemoration Department  
 Yaakov Dori Road, P.O. Box 976,  
 Kiryat Ono 55108  
 Israel

**CERTIFICATION OF PERSONAL DETAILS**

Case File No. in Bereaved families and Commemoration Department: \_\_\_\_\_

**Details of Beneficiary:**

I, Mr./Ms _____	Identity Card/Passport No. _____
_____	Passport No. _____
<b>Declare the personal details as recorded below:</b>	
Country: _____	City: _____ Street: _____
House/Apartment No.: _____	PO Box: _____ Postal Code: _____
Tel. No.: _____	Mobile Tel. No: _____ Fax No. _____
Electronic Mail (email) address: _____	
Family Status: Parents/Single Parent / Married / Widow / Widower	
No. of Children up to age 30: _____	
_____	_____
<b>Signature of Beneficiary</b>	<b>Date</b>

Any change in the aforementioned particulars must be notified immediately.

Details of person verifying the signature: (official representative of the State of Israel and/or representation of an Israeli Public Corporation/Notary)

<b>I hereby certify that the aforementioned declaring beneficiary signed in my/our presence and that the details have been verified by the following documents:</b>		
Passport/Identity Card Number: _____	State: _____	City: _____
<b><u>Signed:</u></b>		
Name in Full: _____	Position: _____	Israeli Company/Organization: _____
Signature of Certifying Official: _____	Date: _____	