LETTER OF INSTRUCTIONS FROM THE HEIRS

Date: _____

To Bank Leumi Le-Israel Ltd
_____ Branch/ Estates Centre

Dear Sir/Madam
Distribution of the estate of the late Mr./Ms._____ (the: "Deceased"), I.D._____, Branch No. _____, Customer No. _____
I, the undersigned, _____, I.D. _____, Tel. _____,

heir/ess of the abovementioned Deceased in accordance with the Inheritance Order /probate order by an authorized Israeli judiciary instance which has been furnished to you, apply to you for distribution of the estate, which is agreed upon by all the Deceased's heirs1, and hereby instruct you to act as follows2:
1Execution of the instructions is conditional upon receipt of agreed instructions from all the deceased's heirs or a judicial distribution order and upon receipt of all the documents required for distribution of the estate.
2 Specify instructions for breaking deposit, setoff of obligations (including payment of loans, future credit card obligations)

1. **My share of the estate account is (do not state amounts) ____ %**

2. If there are any, **please pay all the obligations and indebtedness in the estate account (loans ☐, overdraft ☐, credit card☐).**

Mark the requested action.
3. Securities - Sale/transfer of portfolio (complete clause 9 below).

4. Foreign currency – Conversion to currency: shekel/US dollar/euro/other: _____/transfer without conversion (If transfer of foreign currency to another bank is required – Form 324-36 must be completed)

5. Deposits (shekel and foreign currency): Early Redemption/ withdrawal at the exit dates before the maturity on (date)_____ / transfer of the deposit (the deposit will only be transferred to an account at Bank Leumi)

6. Savings plans: Early Redemption / withdrawal at the exit dates before the maturity on (date)_____ / transfer of the savings (the savings will only be transferred to an account at Bank Leumi)

7. I renounce my abovementioned share of the estate account in favour of : _____ in accordance with the affidavit of renunciation/ estate distribution agreement attached hereto.3

8. General instructions:

3 An affidavit of renunciation before an advocate or an authenticated estate distribution agreement must be attached.
4 Such as amount, rate limit, validity, etc.

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9. Securities (choose one of the alternatives):

9.1 □ I wish to sell my portion and I am aware that I, together with the other heirs who wish to sell their portions, must appoint one contact person on our behalf, with whom the Bank's representative will be in contact in connection with the terms of the sale trading order4. Execution of the sale will be subject to a telephonic conversation only between the Bank's aforesaid representative and the contact person after completion of everything necessary for distribution of the estate and during work hours.

The agreed contact person on our behalf is -
_____
Mobile phone no: _____
I.D._____

9.2 □ I wish to transfer my portion to a securities deposit owned by me/owned by me and my spouse (The existence of a securities deposit in the heir's bank account must be verified).

If the receiving account has other owners who are not the heir's spouse, please specify: _____

The tax aspects of transfer or sale of securities in accordance with my instructions will be examined by me.

9.3 Foreign securities – I am aware that there are countries which impose estate tax or inheritance tax on assets owned by a deceased person which are situated in their territory, including shares issued by a company resident in that country, even if the deceased person was not a resident or citizen of that country. If on the date of his/her death the Deceased owned foreign securities, including American securities, there may be estate tax or inheritance tax liability to foreign tax authorities for those assets. It has been explained to me that I must investigate the matter, including by receiving tax advice, and if necessary must file returns about the taxable assets and pay the tax debts for them to the foreign tax authorities.

10. **Safe deposit box –** I undertake to appear together with all the heirs and to close the safe deposit box kept by the Deceased. I have been informed that until the safe deposit box is closed it will not be possible to close the Deceased's account and that the commission for it will be collected from the account.

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11. **Commission for carrying out my above instructions will be charged in accordance with your usual commission tariff list.**5

12. For sale of securities and foreign currency the account will be debited with commission, rate differences and interest in accordance with your usual commission tariff list, and transfer of the funds will take place after completion of debiting the account as aforesaid.

13. After performance of the abovementioned actions I wish to transfer the funds to account:6

5 The cost of the service is determined in accordance with the tariff list applicable to the account as at the date of performing the action. The commission tariff list may be examined on the Leumi website and/or at the information stations.

6 Confirmation of ownership of the account and/or a photocopy of a cheque must be attached.

Shekel account number _____ Branch _____ Bank _____ in the name of _____

Foreign currency account number _____ Branch _____ Bank _____ in the name of _____

Securities account number _____ Branch _____ Bank _____ in the name of _____

14. After distribution of the estate I wish to close the deceased's account with you.

15. I acknowledge that the Bank's Privacy Policy, available at www.leumi.co.il, applies to any personal information I provide in this form and in any documents attached to it. I confirm that I provide such personal information voluntarily and with my consent, and that I will not be able to receive the requested service if I choose not to provide it. The Bank will process the personal information for the purpose of providing the requested service and contacting you in connection therewith (including via SMS and email), and for additional purposes, and it may share the information with third parties, all as described in the Privacy Policy. I acknowledge that the personal information will be stored in databases controlled by the Bank and will be processed by the Bank and/or on its behalf. Subject to applicable law, I may request access to, and in certain circumstances correction of, my personal information held in the Bank's databases, using the contact details on the Bank's website. If I provide details on behalf of, or relating to, another person, I declare that I have obtained that person's consent to the processing of such information in accordance with this form.

In witness whereof I have signed

_____

Signature

Authentication of signature

I, the undersigned, _____, Adv./authorized signatory at _____ Branch, hereby certify that on _____ Mr /Ms _____, I.D._____ appeared before me and I identified him/her by identity card and he/she signed this document before me.

_____Signature and stamp

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