



INVESTMENT FORM

Internal use only

09.01.21 Ver.1.0

DCI Acct No.:

Event:

- You may purchase directly via israelbonds.com in lieu of completing this form.
Personal checks must be payable to State of Israel. Business checks may not be used for personal investments.
Bank, certified checks, cashier's checks, starter checks and money orders will not be accepted.
If you have not reviewed the prospectus, you can download it from israelbonds.com or request it from your local office and sales rep.
DCI does not disclose non-public personal information about its current and former customers to anyone, other than as set forth in our privacy policy which can be found at israelbonds.com/privacy.

PURCHASER INFORMATION

Account Name: _____ Home #: _____ Work #: _____
Mailing Address: _____ Mobile #: _____ Email: _____
Gift From: _____
Gift Message: _____

BOND INFORMATION - TYPE OF BOND

Table with columns: Instrument, Years to Maturity (1, 2, 3, 5, 10, 15), Denomination. Rows include Mazel Tov Savings Bond, Sabra Savings Bond - 3 Year, Maccabee Bond, Jubilee Bond, Jubilee Financing Bond.

TOTAL PURCHASE AMOUNT: please make check payable to State of Israel
REFUND AMOUNT: only from redemption check
REINVESTMENT OF MATURING BOND: () Yes - date: _____
Bonds are issued in book entry form () Check if certificate requested*
*only for gov't agencies, retirement plans, and financial institutions

REGISTERED OWNER INFORMATION

Name: _____ Address: _____
Phone: _____ Computershare Acct #: _____ E-mail: _____

Provide/verify primary registered owner's phone and email address to enable the owner to be contacted regarding the account for maturing bonds, interest information, etc.

Statement or Certificate (where applicable) and interest will be sent to registered owner unless otherwise instructed.

SEND STATEMENT OR CERTIFICATE (WHERE APPLICABLE) TO:
SEND INTEREST/PRINCIPAL TO:
CONTACT INFORMATION: For questions, call or email Client Support at: Toll-Free: (888) 519-4111 client.support@israelbonds.com
Return Investment Form to: Development Corporation for Israel Central Processing Department P.O. Box 5263 New York, NY 10150-5263

Which one reason below primarily influenced you to make this purchase?
() Maturing Bond () Media/Advertisement () High Holiday Appeal
() Synagogue Program/Event () Other Bonds Event
() Gift/Special Occasion () Other
Did you have contact with a DCI Sales Rep regarding this purchase?
() No
() Yes - Rep Name: _____