



Letter of Approval for Affiliated Account Owners

Internal use only
Account No.: _____

- Please complete this form if you or an immediate family member are affiliated with a FINRA firm.
- You may make copies if you or a family member are affiliated with more than one FINRA firm.
- Return completed form by mail to DCI, P.O. Box 5263, New York, NY 10150-5263.
- If you have any questions, please call us at (888) 519-4111.
- Please print clearly.

Account Holder Affiliation Notification

By my signature below, pursuant to FINRA Rules, I acknowledge that my employer, or a member of my immediate family's employer, is a FINRA firm and I have notified the employer of my intention to open a brokerage account with Development Corporation for Israel.

EMPLOYEE (ACCOUNT HOLDER) SIGNATURE _____ DATE _____

PRINTED NAME _____ SOCIAL SECURITY NO. _____

Member Firm Authorization

Please accept this as authorization to open a brokerage account for _____
an employee, or an immediate family member of an employee of

COMPANY OF EMPLOYMENT _____

COMPANY ADDRESS _____

CITY/STATE/ ZIP _____

COMPANY PHONE _____

Our firm requires duplicate confirmations. Yes No

Sincerely,

SIGNATURE OF COMPLIANCE OFFICER _____ TITLE _____

PRINTED NAME OF COMPLIANCE OFFICER _____ DATE _____