

Letter of Transmittal for **REINVESTMENT** of State of Israel Bonds

ISP	CURRENT BOND INFORMATION			
	CH CERTIFICATE TO BE REINVESTED MUST BE DETAILED BELOW USING THE INFORMATION FOUND ON TH			
SEF	ONT OF YOUR CERTIFICATE. RIAL NO. (As it is imprinted on the bond certificate)	ISSUE DATE	MATURITY DATE	MATURITY VALUE
Eac			Grand Total: \$	
Eac	ch certificate to be reinvested is currently registered in the	following name(s). (Use a different lett	er of transmittal for rei	nvestment if the names
diffe	differ, even slightly, on each certificate.)			
5	me(s) exactly as printed on certificate(s)			
	dress		State	Zip
City	one	Email	State	
\mathbf{H}	Please update all my bond records to reflect this new add	aress.		
	CTION B: (NEW REGISTERED OWNER INFO	DRMATION)	\$	
Reg	gistered owner(s)			unt of new bond
	gistered owner(s)		¢	unt of new bond
1	gistered owner(s)			unt of new bond
Tota	Cotal Maturity Value of Bonds \$ Refund (if applicable) \$			
	EVERY registered owner of the certificate(s) listed in <u>SECTION A MUST sign here.</u>			
	Signing before a notary is REQUIRED if the new bonds will be issued in different names. X			
Λ - -				
N/	*FORM W-9: THIS SECTION MUST BE SIGNED ONLY BY THE FIRST NAMED CURRENT CERTIFICATE HOLDER. IF HE/SHE IS DECEASED THE FIRST NAMED NEW BONDHOLDER SHOULD SIGN			
an to	Certification: Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person. (4) I am exempt from FATCA reporting.			
Ce	ertification Instructions: You must cross out item (2) in the ackup withholding because you have failed to report all inte	above paragraph if you have been noting	fied by the IRS that you	are currently subject to
	gnature	Social Security Number/Tax II	D Number D	ate (mm/dd/yyyy)

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