CUSTOMER INFORMATION FORM Individual Account Opening

You can open an account online by visiting www.israelbonds.com

Internal use only		
Account No.: _		

DEVELOPMENT CORPORATION FOR ISRAEL · MEMBER FINRA

- This form is only valid for U.S. citizens and resident aliens of legal age. If the customer is a Corporation, Partnership or other entity, please use the Entity account opening version of this form. To make a purchase, you must complete all sections of this form, sign it and return it by mail to **DCI**, **P.O. Box 5263**, **New York**, **NY 10150–5263**.
- » All financial institutions are legally required to obtain, verify and record information that identifies each person and entity that opens an account. We may verify this information through public sources or ask to see your driver's license or other identifying documents.
- » DCI has a comprehensive Business Continuity Plan (BCP) that addresses how we will respond in the event of a significant business disruption. The BCP is subject to modification. A summary is available on our website (www.israelbonds.com) or by mail upon written request.

If you have any questions or complaints, please call the Customer Service Department at **888.519.4111** or write to the address listed above or email **customer.service@israelbonds.com**.

PURCHASER	INFORMA	TION						
Marital Status:	Single	Married	Divorced	Widowed	Domestic Partner			
							М	F
NAME (Prefix) First		Middle		Last	SOCIAL SECURITY #	DATE OF BIRTH	GENDER	
							М	F
SPOUSE NAME (Pre	fix) First	Middle		Last			GENDER	
PERMANENT RESII	DENTIAL ADI	DRESS (No P.O. Box	es)			CITY	STATE	ZIP
PREVIOUS RESIDE	NTIAL ADDR	ESS (If at permanent	residential address	less than 6 moi	nths)	CITY	STATE	ZIP
MAILING ADDRESS	G (If different	from permanent resi	dential address)			CITY	STATE	ZIP
E-MAIL ADDRESS				PHONE 1 (M	lobile)	PHONE 2 (Home)	ı	
COUNTRY OF CITIZ	ZENSHIP			HIGHEST ED	DUCATION LEVEL ATTAINE	ED		
EMPLOYMEN	T INFORM	IATION						
Status: Emplo	oyed	Self Employed	Not Employed	Retire	d			
EMPLOYER				TITLE				
OCCUPATION				YEARS WITH	H EMPLOYER			
BUSINESS ADDRES	SS					CITY	STATE	ZIP
							-	
BUSINESS PHONE				BUSINESS F	FAX			

FINANCIAL INFORMATION
My investment in Israel bonds will be for: Growth Income Preservation of capital N/A—Only making purchases for gifts
Federal income tax bracket (highest marginal): 15% or under 16%-35% Over 35%
Liquid net worth (net worth minus assets that cannot easily be converted to cash): Under \$100,000 \$100,000–\$500,000 Over \$500,000
My investment in Israel bonds will be: Less than 1/3 of my financial portfolio* Roughly 1/3 to 2/3 of my financial portfolio* More than 2/3 of my financial portfolio* N/A-Only making purchases for gifts
Annual Income (from all sources such as employment, investment income, etc.) Under \$50,000 \$50,000-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 Over \$500,000
*Financial portfolio includes all of your investments (stocks, bonds, mutual funds, 401k, etc.) regardless of how they are held or managed.
INVESTMENT KNOWLEDGE/AFFILIATIONS
I have experience investing in the following: Mutual funds, ETFs Individual stocks Individual bonds Options None Other:
I am investing in Israel bonds with the plan of achieving my investment objective(s) (e.g. purchasing a home, paying for college, retirement) within: Under 2 years 2–5 years 6–10 years More than 10 years N/A—Only making purchases for gifts
The ability to quickly and easily convert to cash all or a portion of my investment in Israel bonds is: Very important Somewhat important Does not matter N/A—Only making purchases for gifts
Are you (or a member of your household) affiliated with or employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA)? Yes No
If YES, prior to purchase, you must submit a Letter of Approval signed by a compliance officer of each member firm.
Are you (or a member of your household) a director, 10% shareholder, or policy-making officer of a publicly traded company? Yes No If YES, please provide the company symbol
NAME OF DCI SALES REPRESENTATIVE YOU HAD CONTACT WITH (if applicable) HOW WERE YOU INTRODUCED TO ISRAEL BONDS?
SYNAGOGUE AFFILIATION (if applicable) ISRAEL BONDS INTERESTS (e.g. Women's Division, New Leadership, Real Estate, etc.)
Have you ever purchased an Israel bond before? Yes No
I understand that there is no secondary market for Israel bonds, that Israel bonds are not traded and that in all circumstances, other than those specifically set forth in the prospectus or in certain other very limited circumstances as determined by the State of Israel, I must hold my Israel bond(s) until maturity to receive the principal.
Under penalty of perjury, I certify that the taxpayer ID number and all of the information I have supplied to DCI on this form or otherwise is accurate, complete and truth I agree to notify DCI in writing within 30 days of any material changes to the information supplied by me on this form or otherwise. I further acknowledge that DCI shall be responsible for any changes to such information unless DCI has received written notice of such changes from me. I understand that DCI does not give investment, le or tax advice. I further understand that DCI does not disclose non-public personal information about its customers or former customers to anyone, except as permitted law. DCI restricts access to nonpublic personal information to employees, consultants, service providers, companies affiliated by common ownership or control, the St of Israel's fiscal agent who need to know the information to provide products and services and to process transactions on behalf of its customer.

gal by te In order to expedite the processing of my transactions, I agree to receive notice of DCl's privacy policy at a later time. By providing my email address above, I consent to receive electronic communications from DCI.

PURCHASER-PRINT NAME PURCHASER SIGNATURE DATE Internal use only RR-PRINT NAME RR SIGNATURE DATE

Please be sure to complete and return both pages 1 and 2.

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