



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

ISRAEL BOND

CURRENT BOND INFORMATION

EACH CERTIFICATE TO BE REINVESTED MUST BE DETAILED BELOW USING THE INFORMATION FOUND ON THE FRONT OF YOUR CERTIFICATE.

SERIAL NO. (As it is imprinted on the bond certificate)	ISSUE DATE	MATURITY DATE	MATURITY VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grand Total: \$ _____

Each certificate to be reinvested is currently registered in the following name(s). (Use a different letter of transmittal for reinvestment if the names differ, even slightly, on each certificate.)

Name(s) exactly as printed on certificate(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please update all my bond records to reflect this new address.

SECTION A (CURRENT BONDHOLDER INFORMATION)

I/We authorize that the new State of Israel Bond(s) be registered in the name(s) and amount(s) listed below in accordance with the registration on the attached Investment Form(s) which must accompany this Letter of Transmittal. The Investment Form may be obtained from your local Israel Bond office or from www.israelbonds.com (click on Customer Service, and then click on forms). If you mail this material, it is suggested that certified mail with return receipt be used. The method of delivery is at your option and risk.

SECTION B: (NEW REGISTERED OWNER INFORMATION)

Registered owner(s) _____ \$ _____ Amount of new bond

Registered owner(s) _____ \$ _____ Amount of new bond

Registered owner(s) _____ \$ _____ Amount of new bond

Total Maturity Value of Bonds \$ _____ Refund (if applicable) \$ _____

EVERY registered owner of the certificate(s) listed in SECTION A MUST sign here. Signing before a notary is REQUIRED if the new bonds will be issued in different names.

X _____

X _____

(If necessary) signature notarized by:

X _____

SECTION B (FOR REINVESTMENT ONLY)

***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**

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.

Certification Instructions: You must cross out item (2) in the above paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature

Social Security Number/Tax ID Number

Date (mm/dd/yyyy)

Signature box

Social Security Number/Tax ID Number box

Date box

SECTION C (SUBSTITUTE W-9)