



# CUSTOMER INFORMATION FORM

## Individual Account Opening

You can open an account online by visiting [www.israelbonds.com](http://www.israelbonds.com)

DEVELOPMENT CORPORATION FOR ISRAEL · MEMBER FINRA

*Internal use only*

Account No.: \_\_\_\_\_

- » 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](http://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](mailto:customer.service@israelbonds.com).

### PURCHASER INFORMATION

Marital Status:    Single            Married            Divorced            Widowed            Domestic Partner

NAME (Prefix) First	Middle	Last	SOCIAL SECURITY #	DATE OF BIRTH	GENDER	M	F
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SPOUSE NAME (Prefix) First	Middle	Last			GENDER	M	F
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PERMANENT RESIDENTIAL ADDRESS (No P.O. Boxes)	CITY	STATE	ZIP
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PREVIOUS RESIDENTIAL ADDRESS (If at permanent residential address less than 6 months)	CITY	STATE	ZIP
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MAILING ADDRESS (If different from permanent residential address)	CITY	STATE	ZIP
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E-MAIL ADDRESS	PHONE 1 (Mobile)	PHONE 2 (Home)
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COUNTRY OF CITIZENSHIP	HIGHEST EDUCATION LEVEL ATTAINED
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### EMPLOYMENT INFORMATION

Status:    Employed            Self Employed            Not Employed            Retired

EMPLOYER	TITLE
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OCCUPATION	YEARS WITH EMPLOYER
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BUSINESS ADDRESS	CITY	STATE	ZIP
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BUSINESS PHONE	BUSINESS FAX
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**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 truthful. 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 not 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, legal 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 by law. DCI restricts access to nonpublic personal information to employees, consultants, service providers, companies affiliated by common ownership or control, the State of Israel and the State of Israel's fiscal agent who need to know the information to provide products and services and to process transactions on behalf of its customers. In order to expedite the processing of my transactions, I agree to receive notice of DCI'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.