ISRAEL BONDS

INVESTMENT FORM FOR MINOR

Internal use only 4.09.12 Ver.1.1

DCI Acct No.:

Event:

FORM RESET

- **You may purchase directly via http://www.israelbonds.com in lieu of completing this form.**
- **Personal checks must be payable to State of Israel. Bank, Certified and Cashier's checks, and money orders will not be accepted.**
- **If you have not reviewed the prospectus, you can download it from www.Israelbonds.com or request it from your local office and sales rep.**
- **DCI does not disclose non-public personal information about its current and former customers to anyone, other than as required by law or by the Fiscal Agent upon the purchase of Israel bonds. Member FINRA**

Please Print Clearly

PURCHASER INFORMATION (Must be 18 years or older)

Account Name: _____ Home #: _____ Work #: _____

Mailing Address: _____ Mobile #: _____ Email: _____

_____

_____

_____

Gift From: _____

Gift Message: _____

BOND INFORMATION - TYPE OF BOND

Years to Maturity (Check one white box only)

Instrument		2	3		5					10	Denomination
Mazel Tov Bond											$100 min with $10 increments, max $2500 per purchaser per holder per day
Sabra Bond											$1,000 and integral increments of $100
Maccabee Bond											$5,000 min w $500 increments w/in 12 mos of initial purchase
Jubilee Bond											$25,000 minimum with $5,000 increments w/in 12 mos of initial purchase
Floating Rate Libor											$5,000 min w $500 increments w/in 12 mos of initial purchase
Floating Rate Libor - Finance											$100k min. with $25k increments w/in 12 mos of initial purchase (Financing Only)

TOTAL PURCHASE AMOUNT
Please make check payable to **State of Israel**

REFUND
Only from Redemption Check.

Bonds are issued in book entry form. Only government agencies, pension plans, employee benefits/IRA plans, and financial institutions can request a certificate to be issued at time of purchase. Ch eck if certificate requested ( )

REGISTERED OWNER INFORMATION

Use only for minor registrants (under 18 years of age)

Address: _____

Custodian (1 Adult): _____

Minor (1 Child): _____

UTMA/UGMA (State): _____

SSN/TIN: P **hone:** **E-mail:**

Provide /verify primary registered owner's phone and e-mail address to enable the owner to be contacted regarding the account for maturing bonds, interest information, etc.

Bond/Confirmation and Interest will be sent to registered owner unless instructed otherwise below.

SEND BOND/CONFIRMATION TO:	SEND INTEREST/PRINCIPAL TO:	CONTACT INFORMATION
		Return Investment Form to: Development Corporation for Israel / Israel Bonds Central Processing Department P.O. Box 5263 New York, NY 10150-5263

What influenced you to make this purchase?

_____

No ( )

Yes ( ) Name of Rep: _____

Rev. 12- 2012