FORM RESET

Internal use only

Account No.:_____

CUSTOMER INFORMATION FORM

Entity

- If you are an individual, please use the Individual 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.
- If you have any questions or complaints, please call the Customer Service Department at (888) 519-4111 or write to the address listed above.
- 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 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 .
- You may obtain information about the Securities Investor Protection Corporation (SIPC) , including a brochure about SIPC, by contacting SIPC at www.sipc.org or (202) 371-8300.

Select Entity Type

- ❑ Corporation (enclose corporate resolution or articles of incorporation)
- ❑ LLC (enclose LLC authorization)
- ❑ Partnership (enclose partnership agreement)
- ❑ Estate (enclose will)
- ❑ Investment Club (enclose investment club agreement)
- ❑ Trust (enclose trust agreement)
- ❑ Other _____

Entity Information

Entity Name | Tax Identification Number

Entity Address (No P.O. Boxes) | City | State | Zip

Mailing Address (If different from Entity Address) | City | State | Zip

Entity Phone | Entity Fax

(Check only one) **Investment Objective**	**Annual Revenue**	**Net Worth**
❑ Growth ❑ Income	❑ Under $500,000 ❑ Over $5,000,000	❑ Under $5,000,000 ❑ Over $25,000,000
❑ Preservation of Capital	❑ $500,000-$5,000,000	❑ $5,000,000-$25,000,000

Authorized Contact Information

Name (Prefix First Middle Last) | Title

Phone 1 | Phone 2 | Role

E-mail Address | Can we communicate with you via E-mail ? ❑ Yes ❑ No

Are you (or anyone else having discretion over the account) 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 anyone else having discretion over the account) 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 | DCI Affiliation

Have you ever purchased an Israel Bond before ? ❑ Yes ❑ No

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. In order to expedite the processing of my transactions , I agree to receive notice of DCI 's privacy policy at a later time .

Authorized Contact Signature | **Date**