



ISRAEL BOND
Development Corporation for Israel

Internal use only
Account No.: _____

- ▶ Please complete this form if you are affiliated with a FINRA firm .
- ▶ You may make copies if you are affiliated with more than one FINRA firm .
- ▶ Return completed form by mail to DCI, P.O. Box 5263, New York, NY 10150-5263.
- ▶ If you have any questions, please call us at (888) 519-4111.
- ▶ Please print clearly.

Letter of Approval for Affiliated Account Owners

Account Holder Affiliation Notification

By my signature below, pursuant to FINRA Rules, I acknowledge that my employer, or a member of my household's employer, is a FINRA firm and I have notified the employer of my intention to open a brokerage account with Development Corporation for Israel.

Employee (Account Holder) Signature

Date

Printed Name

Social Security No.

Member Firm Authorization

Please accept this as authorization to open a brokerage account for _____

an employee, or a member of a household of an employee of

Company of Employment

Company Address

City/State/ Zip

Company Phone

Our firm requires duplicate confirmations. Yes No

Sincerely,

Signature of Compliance Officer

Title

Printed Name of Compliance Officer

Date