IRA INVESTMENT FORM

- Banks, certified checks, cashier's checks, starter checks and money orders will not be accepted.
- If you have not reviewed the prospectus, you can download it from 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 set forth in our privacy policy which can be found at israelbonds.com/privacy.

PURCHASER INFORMATION

NAME

EMAIL

MAILING ADDRESS | CITY | STATE | ZIP

HOME NUMBER | MOBILE NUMBER | WORK NUMBER

Gift From:

Gift Message:

BOND INFORMATION: TYPE OF BOND

SABRA SAVINGS BOND ☐ 3-Year
$1,000 Min. with increments of $100

MAZEL TOV BOND ☐ 5-Year
$100 min. with increments of $1, max 2,500
per purchaser per holder per monthly sales period

SHALOM SAVINGS BOND ☐ 1-Year ☐ 2-Year
$100 min. with increments of $1, max $5,000,000
per purchaser per sales period
(see prospectus for recipient limitations)

MACCABEE ISSUE BOND ☐ 2-Year ☐ 3-Year ☐ 5-Year ☐ 10-Year ☐ 15-Year
$5,000 Min. with increments of $500 within 12 months of initial purchase

PREMIUM JUBILEE BOND ☐ 5-Year ☐ 10-Year ☐ 15-Year
$1,000,000 Min. and increments of $25,000

JUBILEE ISSUE BOND ☐ 2-Year ☐ 3-Year ☐ 5-Year ☐ 10-Year ☐ 15-Year
$25,000 min. with increments of $5,000 within 12 months of initial purchase

JUBILEE FINANCING BOND ☐ 2-Year
$100K min. with increments of $25,000 *(financing only)*

Total purchase amount:	Refund amount:	Reinvestments of maturing bond:	Bonds are issued in book entry form
Please make check payable to State of Israel	*Only from redemption check*	☐ Yes - date: _____	☐ Check if certificate requested* **Only for gov't agencies, retirement plans, and financial institutions*

REGISTERED OWNER INFORMATION

NAME | Custodian For

IRA UNDER AGREEMENT DATE | ACCOUNT #

ADDRESS

EMAIL | PHONE NUMBER | COMPUTERSHARE ACCOUNT#

Send statement or certificate (where applicable) to:

_____

_____

_____

Send interest/principal to:

What is your primary reason for making this purchase?

☐ Maturing Bond ☐ Media/Advertisement
☐ High Holiday/Appeal ☐ Synagogue Program/Event
☐ Israel Bonds Event ☐ Gift/Special Occasion ☐ Other

Did a DCI sales rep assist you with this purchase?

☐ No ☐ Yes - Representative Name:

_____

Statement or certificate (where applicable) and interest will be sent to registered owner unless otherwise instructed.

Return investment form to:
Development Corporation for Israel   P.O. Box 5263
Central Processing Department   New York, NY 10150-5263

For questions, contact: ✉ client.support@israelbonds.com 📞 888.519.4111