



INVESTMENT FORM

Internal use only

DCI Acct No.:
Event:

- You may purchase directly via israelbonds.com in lieu of completing this form.
- Personal checks must be payable to State of Israel. Business checks may not be used for personal investments.
- Bank, 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 [here](#).

PURCHASER INFORMATION

ACCOUNT NAME EMAIL

MAILING ADDRESS CITY STATE ZIP

HOME NUMBER MOBILE NUMBER WORK NUMBER

Gift From:	Gift Message:
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BOND INFORMATION: TYPE OF BOND

SABRA SAVINGS BOND ☐ 3-Year
\$1,000 Min. with increments of \$0.01

MAZEL TOV BOND ☐ 5-Year
\$100 Min. with increments of \$0.01, max 2,500
per purchaser per holder per monthly sales period

SHALOM SAVINGS BOND ☐ 1-Year ☐ 2-Year
\$100 Min. with increments of \$0.01, 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 \$0.01

PREMIUM JUBILEE BOND ☐ 5-Year ☐ 10-Year ☐ 15-Year
\$1,000,000 Min. and increments of \$0.01

JUBILEE ISSUE BOND ☐ 2-Year ☐ 3-Year ☐ 5-Year ☐ 10-Year ☐ 15-Year
\$25,000 Min. with increments of \$0.01

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

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

NAME

ADDRESS

ADDRESS LINE 2

EMAIL PHONE NUMBER COMPUTERSHARE ACCOUNT#

Send statement or certificate (where applicable) to: _____ _____ _____ _____	Send interest/principal to: _____ _____ _____ _____
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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.

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

Return investment form to:

Development Corporation for Israel P.O. Box 5263
Central Processing Department New York, NY 10150-5263