



IRA INVESTMENT FORM

Internal use only

09.01.23 Ver.1.0

DCI Acct No.:

Event:

- ▶ 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 at israelbonds.com/privacy.

Please Print Clearly		PURCHASER INFORMATION	
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	1	2	3	5	10	15	Denomination
Mazel Tov Bond	<input type="checkbox"/>	\$100 minimum with increments of \$1, max \$2,500 per purchaser per holder per monthly sales period					
Shalom Savings Bond	<input type="checkbox"/>	\$100 minimum with increments of \$1, max \$5,000,000 per purchaser per sales period (see prospectus for recipient limitations)					
Sabra Savings Bond - 3 Year	<input type="checkbox"/>	\$1,000 minimum with increments of \$100					
Maccabee Bond	<input type="checkbox"/>	\$5,000 minimum with increments of \$500 w/in 12 mos of initial purchase					
Jubilee Bond	<input type="checkbox"/>	\$25,000 minimum with increments of \$5,000 w/in 12 mos of initial purchase					
Jubilee Financing Bond	<input type="checkbox"/>	\$100k minimum with increments of \$25,000 (Financing Only)					

TOTAL PURCHASE AMOUNT: <i>please make check payable to <u>State of Israel</u></i>	REFUND AMOUNT: <i>only from redemption check</i>	REINVESTMENT OF MATURING BOND <input type="checkbox"/> Yes - date: _____	Bonds are issued in book entry form <input type="checkbox"/> Check if certificate requested* <i>*only for gov't agencies, retirement plans, and financial institutions</i>
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REGISTERED OWNER INFORMATION

Name: _____ Custodian For: _____ IRA Under Agreement Date: _____ Account #: _____ Phone: _____	Address: _____ _____ _____ Computershare Acct #: _____ E-mail: _____
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Provide/verify primary registered owner's phone and email address to enable the owner to be contacted regarding the account for maturing bonds, interest information, etc.

Statement or Certificate (where applicable) and interest will be sent to registered owner unless otherwise instructed.	CONTACT INFORMATION				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; text-align: center;">SEND STATEMENT OR CERTIFICATE (WHERE APPLICABLE) TO:</td> <td style="width: 50%; padding: 5px; text-align: center;">SEND INTEREST/PRINCIPAL TO:</td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> </table>	SEND STATEMENT OR CERTIFICATE (WHERE APPLICABLE) TO:	SEND INTEREST/PRINCIPAL TO:			For questions, call or email Client Support at: Toll-Free: (888) 519-4111 client.support@israelbonds.com Return Investment Form to: Development Corporation for Israel Central Processing Department P.O. Box 5263 New York, NY 10150-5263
SEND STATEMENT OR CERTIFICATE (WHERE APPLICABLE) TO:	SEND INTEREST/PRINCIPAL TO:				

Which one reason below primarily influenced you to make this purchase? <input type="checkbox"/> Maturing Bond <input type="checkbox"/> Media/Advertisement <input type="checkbox"/> High Holiday Appeal <input type="checkbox"/> Synagogue Program/Event <input type="checkbox"/> Other Bonds Event <input type="checkbox"/> Gift/Special Occasion <input type="checkbox"/> Other	Did you have contact with a DCI Sales Rep regarding this purchase? <input type="checkbox"/> No <input type="checkbox"/> Yes - Rep Name: _____
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