

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 have notified the employer of my intention to open a brokerage account with Development Corporation for Israel/Israel Bonds.

\_\_\_\_\_  
 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