

For information on completing this form, refer to the instruction sheet.

Please make check payable to State of Israel and return with this completed Investment Form.

DCI does not disclose non-public personal information about its customers or former customers to anyone, except as permitted by law.

If you have not reviewed the relevant prospectus, to receive another copy contact your local office or download a copy from www.israelbonds.com.

Please Print Clearly PURCHASER INFORMATION (Must be 18 years or older)

Name: _____ Address: _____ _____ _____ _____	Internal use only DCI Account No.: _____ Social Security No./TIN: _____ Home Phone: () _____ Business Phone: () _____ E-mail: _____
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BOND INFORMATION - TYPE OF BOND

Instrument	Years to Maturity (Check one white box only)										Denomination
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mazel Tov Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100 min w/ increments in \$50 multiples, max \$2500 per purchaser per holder per day
Sabra Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000 and multiples of \$500
Floating Rate Libor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000 minimum with \$2,500 multiples if within 12 mos of initial purchase
Maccabee Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000 min w \$1,000 mult if w/in 12 mos of initial purchase (\$25K daily limit on 2yr)
Jubilee Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$25,000 minimum with \$5,000 multiples if within 12 mos of initial purchase
Floating Rate Libor - Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100k min. with \$25k multiples if within 12 mos of initial purchase (Financing Only)

TOTAL PURCHASE AMOUNT Please make check payable to State of Israel \$ _____	REFUND Only from Redemption Check \$ _____	Bonds are issued in book entry form. Only government agencies, pension plans, employee benefit/IRA plans, and financial institutions can request a certificate to be issued at time of purchase. Check if certificate requested ().
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Please Print Clearly REGISTERED OWNER INFORMATION

Name: _____ _____ _____ _____	Address: _____ _____ _____ _____
SSN/TIN: _____	Phone: _____
E-mail: _____	

Provide/verify primary registered owner's phone and e-mail address to enable the owner to be contacted regarding the account for maturing bonds, interest information, etc.

SEND BOND/STATEMENT TO:	*SEND INTEREST PAYMENTS TO:	CONTACT INFORMATION:
<input type="checkbox"/> Registered Owner <input type="checkbox"/> Purchaser <input type="checkbox"/> Other, complete below _____ _____ _____	<input type="checkbox"/> Registered Owner <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other, complete below <input type="checkbox"/> Wire Transfer _____ _____ _____ *If Applicable	Return Investment Form to: State of Israel Bonds Central Processing Department P.O. Box 5263 New York, NY 10150-5263

ISRAEL BONDS INVESTMENT FORM GENERAL INSTRUCTIONS

Please read these instructions carefully before completing the Investment Form.

1. Checks must be made payable to "STATE OF ISRAEL".
2. If you have not completed a Customer Information Form, please complete and submit with your Investment Form.
3. Much of the required information may have already been printed on your form. Please review the information for accuracy, and furnish additional information and/or corrections, as necessary.
4. A separate Investment Form is required for each distinct bond registration. A separate Investment Form is required for each instrument.
5. Photocopies of the Investment Form will be accepted (signatures must be original). You may also request additional forms from your local Israel Bonds office or print copies from <http://www.israelbonds.com/Forms.html>
6. When purchasing for an IRA
 - a. Use the IRA Investment Form.
 - b. Your IRA custodian (brokerage firm/financial institution) must complete and sign the relevant sections and complete a W-9 form.
 - c. Personal checks will **not** be accepted. The check must be drawn on the custodial/retirement account.
 - d. If the broker/custodian requires a certificate, please check the box on the form otherwise the item will be processed as a book entry.

BOND INFORMATION

1. Refer to prospectus for details.
2. Unless a bond is being issued to a government agency, pension fund, financial institution or Employee Benefit plan, all bonds will be issued in book entry form. Each registered holder will receive an annual statement of holdings.

REGISTERED OWNER INFORMATION

1. Please use legal names only (as they appear on passport or birth certificate).
2. Unless otherwise specified, joint tenancy registration will be used for registrations having more than one name.
3. Joint Tenancy - Use the SSN of the first-named person in the bond registration.
4. Uniform Gifts/Transfers to Minors – Custodian for a minor - Use the Investment Form for Minors and the SSN of the minor. Only one guardian/parent may be the custodian in the registration.
5. Custodian/Trustee Registrations - Form of registration should read: "David Jones, Trustee for Jones Family Trust Under Agreement Dated February 1, 2000."
6. Provide the registered owner's Social Security Number (SSN) or Tax Identification Number (TIN).
7. A W-9 form should be completed by the registered owner; if the purchase is a gift the Fiscal Agent will mail a W-9 form to the registered owner. W-9 for a minor is completed with minor's name and SSN and signed by custodian.
8. Failure to supply a certified SSN/TIN by the record date (15 days before the first interest payment) will result in withholding of 28% on interest due.
9. If available, please provide the telephone number and e-mail address of the registered owner. This will enable us to contact the owner regarding maturing bonds, interest information, etc.

SEND STATEMENTS & INTEREST PAYMENTS

1. If statements and interest payments should be sent to same Purchaser or Registered Owner(s), indicate as such.
2. If investing through a brokerage firm/financial institution, the custodian must complete this information where statements and interest payments will be sent to.
3. For Direct Deposit – request a separate form and complete per the instructions provided by the Fiscal Agent.