



**IRA INVESTMENT FORM**

Internal use only 08.11 Ver.2.0

DCI Acct No.:

**You may purchase directly via <https://online.Israelbonds.com> in lieu of completing this form.**

**Personal checks must be payable to State of Israel. Bank, Certified and Cashier's checks, and money orders will not be accepted.**

**If you have not reviewed the prospectus, you can download it from [www.Israelbonds.com](http://www.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, except as permitted by law.**

Please Print Clearly		<b>PURCHASER INFORMATION (Must be 18 years or older)</b>	
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	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10	Denomination
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 \$10 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 integral multiples of \$500
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
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	<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 multi if w/in 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)

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

Name: _____	Address: _____
Custodian For: _____	_____
IRA Under Agreement Date: _____	_____
Account #: _____	_____
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.

Bond/Statement and Interest will be sent to registered owner unless instructed otherwise below.		CONTACT INFORMATION
SEND BOND/STATEMENT TO:	SEND INTEREST PAYMENTS TO:	<b>Return Investment Form to:</b> State of Israel Bonds Central Processing Department P.O. Box 5263 New York, NY 10150-5263

What influenced you to make this purchase? _____	Did you have contact with a DCI Sales Rep regarding this purchase? Yes ( ) No ( )    Name of Rep: _____
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