



**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: _____			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Gift From: _____</td> </tr> <tr> <td style="padding: 2px;">Gift Message: _____</td> </tr> </table>		Gift From: _____	Gift Message: _____
Gift From: _____					
Gift Message: _____					

**BOND INFORMATION - TYPE OF BOND**

<b>Years to Maturity (Check one white box only)</b>											
<b>Instrument</b>	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<b>Denomination</b>
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 <u>State of Israel</u> \$ _____	<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**

<b>Name:</b> _____ _____ _____	<b>Address:</b> _____ _____ _____
<b>SSN/TIN:</b> _____	<b>Phone:</b> _____
<b>E-mail:</b> _____	

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.

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

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