



**CUSTOMER INFORMATION FORM**

**Individual**

Internal use only Account No.: _____
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- ▶ This form is only valid for U.S. citizens and resident aliens of legal age. If you are a Corporation, Partnership or other entity, please use the Corporate Form. To make a purchase you must complete all sections of this form, sign it and return it by mail to DCI, P.O. Box 5263, New York, NY 10150-5263.
- ▶ If you have any questions or complaints, please call the Customer Service Department at (888) 519-4111 or write to the address listed above.
- ▶ Federal law requires all financial institutions to obtain, verify and record information that identifies each person that opens an account. We may verify this information through public sources or ask to see your driver's license or other identifying documents.
- ▶ DCI has a comprehensive Business Continuity Plan (BCP) to respond in the event of a significant business disruption. The BCP is subject to modification. A summary is available on our website or by mail upon written request.
- ▶ You may obtain information about the Securities Investor Protection Corporation (SIPC), including a brochure about SIPC, by contacting SIPC at www.sipc.org or (202) 371-8300.

<p><b>Purchaser information</b></p> <p>Name (First, MI, Last) _____</p> <p>Spouse's Name (If Applicable) _____</p> <p>Address (No P.O. Boxes) _____</p> <p>City _____ State _____ Zip _____</p> <p>Residence Phone _____ Fax Number _____</p> <p>E-mail Address (if available) _____</p> <p>Social Security Number _____ Date of Birth _____</p> <p>Would you be interested in receiving info via E-mail ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Business information</b> <span style="float: right;">Check if applicable: Retired <input type="checkbox"/></span></p> <p style="text-align: right;">Not Employed <input type="checkbox"/></p> <p>Title _____ Occupation _____</p> <p>Employer _____</p> <p>Business Address (No P.O. Boxes) _____</p> <p>City _____ State _____ Zip _____</p> <p>Business Phone _____ Business Fax _____</p> <p>E-mail Address (if available) _____</p> <p>Preferred Mailing Address <input type="checkbox"/> Residence <input type="checkbox"/> Business</p>
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How were you introduced to Israel Bonds ? \_\_\_\_\_

<b>Investment Objective</b>	<b>Annual Income</b>
<input type="checkbox"/> Growth <span style="margin-left: 150px;"><input type="checkbox"/> Income</span> <input type="checkbox"/> Preservation of Capital	<input type="checkbox"/> Under \$50,000 <span style="margin-left: 100px;"><input type="checkbox"/> \$100,001-\$200,000</span> <input type="checkbox"/> \$50,000-\$100,000 <span style="margin-left: 100px;"><input type="checkbox"/> Over \$200,000</span>
<b>Federal Income Tax Bracket</b>	<b>Liquid Net Worth</b>
<input type="checkbox"/> 15% <span style="margin-left: 150px;"><input type="checkbox"/> Over 28%</span> <input type="checkbox"/> 28%	<input type="checkbox"/> Under \$100,000 <span style="margin-left: 100px;"><input type="checkbox"/> \$200,001-\$500,000</span> <input type="checkbox"/> \$100,000-\$200,000 <span style="margin-left: 100px;"><input type="checkbox"/> Over \$500,000</span>

Are you (or a member of your household) affiliated with or employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA) ?  Yes  No

**IF YES, PRIOR TO PURCHASE YOU MUST SUBMIT A LETTER OF APPROVAL SIGNED BY A COMPLIANCE OFFICER OF EACH MEMBER FIRM.**

Are you (or a member of your household) a director, 10% shareholder or policy-making officer of a publicly traded company ?  Yes  No

**IF YES, PLEASE PROVIDE THE COMPANY NAME AND COMPLETE ADDRESS.**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Under penalty of perjury, I certify that the taxpayer ID number and all of the information I have supplied to DCI on this form or otherwise is accurate, complete and truthful. I agree to notify DCI in writing within 30 days of any material changes to the information supplied by me on this form or otherwise. I further acknowledge that DCI shall not be responsible for any changes to such information unless DCI has received written notice of such changes from me. I understand that DCI does not give investment, legal or tax advice. I further understand that DCI does not disclose non-public personal information about its customers or former customers to anyone, except as permitted by law. In order to expedite the processing of my transactions, I agree to receive notice of DCI's privacy policy at a later time.

**Purchaser Signature** \_\_\_\_\_

**Date** \_\_\_\_\_