



**CUSTOMER INFORMATION FORM**

**Corporate**

Internal use only  
Account No.: \_\_\_\_\_

- Corporation (enclose corporate resolution or articles of incorporation)
- LLC (enclose LLC authorization)
- Trust (enclose trust agreement)
- Investment Club (enclose investment club agreement)
- Partnership (enclose partnership agreement)
- Estate (enclose will)
- Other \_\_\_\_\_

- ▶ If you are an individual, please use the Individual 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 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.

Business information	Contact information
Company Name _____	Name (First, MI, Last) _____
Tax Identification Number _____	Title _____ Occupation _____
Business Address (No P.O. Boxes) _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Business Phone _____ Business Fax _____	Residence Phone _____ Fax Number _____
	E-mail Address (if available) _____
	Would you be interested in receiving info via E-mail ? <input type="checkbox"/> Yes <input type="checkbox"/> No

How were you introduced to Israel Bonds ? \_\_\_\_\_

Investment Objective	Annual Revenue	Net Worth
<input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Preservation of Capital	<input type="checkbox"/> Under \$500,000 <input type="checkbox"/> Over \$5,000,000 <input type="checkbox"/> \$500,000-\$5,000,000	<input type="checkbox"/> Under \$5,000,000 <input type="checkbox"/> Over \$25,000,000 <input type="checkbox"/> \$5,000,000-\$25,000,000

Are you (or anyone else having discretion over the account) 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 anyone else having discretion over the account) 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.

Purchaser Signature \_\_\_\_\_ Date \_\_\_\_\_