



# Assignment Separate from Bond

Mail to: **Computershare**  
Attn: State of Israel  
150 Royall Street  
Canton, MA 02021

For value received, the undersigned does hereby sell, assign and transfer unto: (Type or print name and address for proposed transferee)  
(In the case of death of all bond holders, the executor of the deceased's estate should complete and sign this form)

Name			
Address	City	State	Zip

Type	Issue/Principal Amount	Bond Number <small>(if Book Entry then Account Number with Computershare)</small>	Name of Issue <small>(i.e. 7th Development Issue, 7th Jubilee Issue, 10th Floating Rate)</small>

**Use separate forms for bonds with different registrations.**

I certify, under penalty of perjury, that this assignment/transfer is made in accordance with the transfer restriction of the bond attached hereto/maintained in Book Entry Form, registered in the name of the undersigned (or in the name of the deceased bond holder), to the following permissible transferee (see terms of the bond for further details), and that the following conditions to transfer, if any, have all been met at the time of assignment.

**Proposed Transferee (BOX MUST BE CHECKED)**

<input type="checkbox"/> <b>The State of Israel.</b> (For Donations ONLY)  <input type="checkbox"/> <b>Charitable Organization.</b> I certify that the transferee is a charitable, literary, scientific or educational organization to which contributions are deductible for federal income tax purposes, and that I will receive no payment or other consideration in connection with the transfer.  <input type="checkbox"/> <b>Family Member.</b> I certify that the transferee is my/our child, grandchild, sibling parent or spouse.	<input type="checkbox"/> <b>Inheritance.</b> I certify that the transfer is being made by the estate of the bondholder, in accordance with a testamentary disposition or the laws of descent.  <input type="checkbox"/> <b>Institutional Lender.</b> I certify that the proposed transfer meets the conditions for transfer to an Authorized Institutional Lender, as defined in the terms of the prospectus.  <input type="checkbox"/> <b>Other.</b> Other transfers are permitted only pursuant to an existing Direction of the State of Israel. If this box is checked, please specify the date of the Direction authorizing the transfer: _____
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Date	Name	Signature
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Date	Name	Signature
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**Instruction For Guarantee**

The signature(s) must be guaranteed by an eligible guarantor institution which is a member or participant of one of the following signature programs:

- Securities Transfer Agents Medallion Program (STAMP)
- New York Stock Exchange Medallion Program (MSP)
- Stock Exchange Medallion Program (SEMP)

\_\_\_\_\_  
Signature Guaranteed By

**Form W-9: this section must be signed by the holder, as shown above, whose SSN/EIN is entered below.**

**Certification:** Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person, and, (4) The payee is exempt from FATCA reporting.

**Certification Instructions:** You must cross out item (2) in the above paragraph if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Social Security/ Tax Payer ID Number	Signature of U.S. Person
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