

Account No.: \_

- Please complete this form if you or an immediate family member are affiliated with a FINRA firm.
- You may make copies if you or a family member are affiliated with more than one FINRA firm.
- Return completed form by mail to DCI, P.O. Box 5263, New York, NY 10150-5263.
- If you have any questions, please call us at (888) 519-4111.
- Please print clearly.

## Account Holder Affiliation Notification

By my signature below, pursuant to FINRA Rules, I acknowledge that my employer, or a member of my immediate family's employer, is a FINRA firm and I have notified the employer of my intention to open a brokerage account with Development Corporation for Israel.

|   | 0.175               |  |
|---|---------------------|--|
| EMPLOYEE (ACCOUNT HOLDER) SIGNATURE                                   | DATE                |  |
| PRINTED NAME  | SOCIAL SECURITY NO. |  |
| Member Firm Authorization   |                     |  |
| Please accept this as authorization to open a brokerage account for _ |                     |  |
| an employee, or an immediate family member of an employee of          |                     |  |
| COMPANY OF EMPLOYMENT   |                     |  |
| COMPANY ADDRESS   |                     |  |
| CITY/STATE/ ZIP   |                     |  |
| COMPANY PHONE   |                     |  |
| Our firm requires duplicate confirmations.                            |                     |  |
| Sincerely,  |                     |  |
|   |                     |  |
| SIGNATURE OF COMPLIANCE OFFICER                                       | TITLE               |  |
| PRINTED NAME OF COMPLIANCE OFFICER                                    | DATE                |  |