



INVESTMENT FORM

Internal use only

DCI Acct No.:

Event:

- ▶ You may purchase directly via israelbonds.com in lieu of completing this form.
- ▶ Personal checks must be payable to State of Israel. Business checks may not be used for personal investments.
- ▶ Bank, certified checks, cashier's checks, starter checks and money orders will not be accepted.
- ▶ If you have not reviewed the prospectus, you can download it from 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, other than as set forth in our privacy policy which can be found at israelbonds.com/privacy.

Please Print Clearly PURCHASER INFORMATION

Account Name: _____ Home #: _____ Work #: _____
 Mailing Address: _____ Mobile #: _____ Email: _____

Gift From: _____
 Gift Message: _____

BOND INFORMATION - TYPE OF BOND

Years to Maturity (Check one white box only)

Instrument	1	2	3	5	10	15	Denomination
Mazel Tov Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100 minimum with increments of \$10, max \$2,500 per purchaser per holder per monthly sales period
Sabra Savings Bond - 3 Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000 minimum with increments of \$100
Maccabee Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000 minimum with increments of \$500 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"/>	\$25,000 minimum with increments of \$5,000 w/in 12 mos of initial purchase
Jubilee Financing Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100k minimum with increments of \$25,000 (Financing Only)

TOTAL PURCHASE AMOUNT: _____ REFUND AMOUNT: _____ REINVESTMENT OF MATURING BOND () Yes - date: _____ Bonds are issued in book entry form () Check if certificate requested*
*please make check payable to State of Israel only from redemption check *only for gov't agencies, retirement plans, and financial institutions*

REGISTERED OWNER INFORMATION

Name: AMERICAN FRIENDS OF BAR ILAN UNIVERSITY Address: _____
 160 E 56TH ST 5TH FLOOR _____
 NEW YORK NY 10022 _____
 Phone: 212-906-3921 Computershare Acct #: _____ E-mail: _____

Provide/verify primary registered owner's phone and email address to enable the owner to be contacted regarding the account for maturing bonds, interest information, etc.

Statement or Certificate (where applicable) and interest will be sent to registered owner unless otherwise instructed. CONTACT INFORMATION

SEND STATEMENT OR CERTIFICATE (WHERE APPLICABLE) TO: SEND INTEREST/PRINCIPAL TO: For questions, call or email Client Support at: Toll-Free: (888) 519-4111 client.support@israelbonds.com
 Return Investment Form to: Development Corporation for Israel Central Processing Department P.O. Box 5263 New York, NY 10150-5263

Which one reason below primarily influenced you to make this purchase? () Maturing Bond () Media/Advertisement () High Holiday Appeal () Synagogue Program/Event () Other Bonds Event () Gift/Special Occasion () Other
 Did you have contact with a DCI Sales Rep regarding this purchase? () No () Yes - Rep Name: _____