



Development Corporation for Israel
Institutional Investment Bond Form
PRIVATE PLACEMENT

Internal use only

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DCI Acct No.:

Event:

Institutional Investment Bond Form must be accompanied with a signed and completed Accredited Investor Letter.

If you have not reviewed the offering memorandum, you can request it from your local office and sales rep.

DCI does not disclose non-public personal information about its current and former customers with any third parties, other than as requested by law or by the Fiscal Agent upon the purchase of Israel Bonds. Member FINRA.

Please Print Clearly		PURCHASER INFORMATION	
Account Name:	Illinois State Treasurer	SSN/TIN#:	
Mailing Address:	Attn: Elizabeth Turner	Contact Name:	Elizabeth Turner
	1 East Old State Capitol Plaza	Contact Number:	217.782.1110
	Springfield, IL 62701	Email:	lturner@illinoistreasurer.gov
BOND INFORMATION - TYPE OF BOND			
Years to Maturity (Check one white box only)			
Instrument	☐ 1 ☐ 2 ☐ 3 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25	Denomination	
Institutional Jubilee Fixed Rate	☐ 1 ☐ 2 ☒ 3 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25	\$500,000 minimum (and integral multiples of \$100,000 in excess of \$500,000)	
TOTAL PURCHASE AMOUNT		REFUND	Bonds are issued in book entry form. Only government agencies, pension plans, employee benefits/IRA plans, and financial institutions can request a certificate to be issued at time of purchase. Check if certificate requested ().
Please make check payable to State of Israel		Only from Redemption Check.	
\$10,000,000.00			
REGISTERED OWNER INFORMATION			
Name: ILLINOIS STATE TREASURER		Address: ATTN ELIZABETH TURNER	
		1 EAST OLD STATE CAPITOL PLAZA	
		SPRINGFIELD, IL 62701	
Computershare #		Phone: 217.782.1110	E-mail: lturner@illinoistreasurer.gov
Provide /verify primary registered owner's phone and e-mail address to enable the owner to be contacted regarding the account for maturing bonds, interest information, etc			
Bond/Confirmation and Interest will be sent to registered owner unless instructed otherwise below.			CONTACT INFORMATION
SEND BOND/CONFIRMATION TO:			
SEND INTEREST/PRINCIPAL TO:			
Routing #: Acct. #:		Return Investment Form to:	
Acct. Name: ILLINOIS STATE TREASURER		Development Corporation for Israel / Israel Bonds	
Bank Info: WELLS FARGO BANK, NA;		Central Processing Department	
MINNEAPOLIS, MN		P O Box 5263	
		New York, NY 10150-5263	
What influenced you to make this purchase?			
Name of Rep: _____			