



Robert E. Abrahms
Executive Director

Karen J. Garfield
Steve Landis
Eric W. Lipman
Registered Representatives

PURCHASING A MAZEL TOV BOND AS A GIFT

Mazel Tov Bonds are Israel Bonds which are available in \$100 units and additional multiples of \$50. The bonds mature 5 years from issue date. The bonds are held in book-entry form. The owner will receive a bank statement showing a bond has been purchased in his or her name along with a confirmation letter indicating the name of the purchaser. At maturity, the recipient will receive a check for the principal and accrued interest. Current rates and prospectus can be obtained at www.israelbonds.com/rates.html or by contacting the Israel Bonds office.

To purchase a Mazel Tov Bond as a gift:

- A. Please complete the attached **INVESTMENT FORM FOR MINOR** (If the recipient is not a minor, please call the Israel Bonds office for the appropriate form.)
 1. **PURCHASER INFORMATION**—Fill in your name and contact information.
 2. **BOND INFORMATION**— **Check the 5-Year Mazel Tov Bond.** Enter the dollar amount of the bond you wish to purchase in the “total amount” box. (For information on other bonds, please contact the Israel Bonds office.)
 3. **REGISTERED OWNER INFORMATION**—Fill in the name of one Adult as the Custodian (parent or other custodian), the name of the Minor receiving the gift, the minor’s State of residence and complete address. If you are not the custodian, write “gift” on the line for the Custodian’s Signature and SSN of minor. The custodian can provide that information later.
 4. **SEND BOND/STATEMENT TO**—Check Registered Owner.
 5. **SEND INTEREST PAYMENTS TO**—Leave blank.
- B. Please complete the attached purchaser **CUSTOMER INFORMATION FORM** about yourself, *if you do not already have one on file with Israel Bonds*, as federal law requires all financial institutions to obtain this information.
- C. Enclose both forms with check payable to “State of Israel” and mail to:

State of Israel Bonds
9660 Hillcroft, Suite 316
Houston, TX 77096

If you have any questions, please call Steve Landis of Israel Bonds at (713) 729-3100 or (800) 676-3101.

This is not an offering, which can be made only by prospectus. Read it carefully before investing to fully evaluate the risks associated with investing in State of Israel bonds.

State of Israel Bonds

Development Corporation for Israel

Member FINRA, SIPC

INVESTMENT FORM FOR MINOR

Campaign: 2008-00007 2008 Austin Community

For information on completing this form, refer to the instruction sheet.

Please make check payable to State of Israel and return with this completed Investment Form.

DCI does not disclose non-public personal information about its customers or former customers to anyone, except as permitted by law.

If you have not reviewed the relevant prospectus, to receive another copy contact your local office or download a copy from www.israelbonds.com.

Please Print Clearly	PURCHASER INFORMATION (Must be 18 years or older)
Name: _____	Internal use only DCI Account
Address: _____ _____ _____	Social Security No./TIN: _____
	Home Phone: () _____
	Business Phone: () _____
	Fax Number: () _____

BOND INFORMATION - TYPE OF BOND									
Maturity (Check one white box only)									
Instrument	2	5	10	15	20	25	30	Other	Denomination
Mazel Tov Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100 minimum with increments in \$50 multiples
Savings Bond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$2,500 and multiples
Floating Rate Libor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$5,000 minimum with \$2,500 multiples if within 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$25,000 minimum with \$5,000 multiples if within 12 mos of initial purchase
Floating Rate Libor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100,000 minimum with \$25,000 multiples if within 12 mos of initial purchase
Bonds are issued in book entry form. Only government agencies, pension plans, employee benefit/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 . Total Amount: \$ _____
___ Unit(s) @ \$ _____ ___ Unit(s) @ \$ _____ ___ Unit(s) @ \$ _____									

Please Print Clearly	REGISTERED OWNER INFORMATION
Use only for minor registrants (under 18 years of age)	
Custodian (1 Adult): _____	Address: _____
Minor (1 Child): _____	_____
UTMA/UGMA (State): _____	_____
Under the penalties of perjury, I certify that (1) the taxpayer ID number provided on this form is true, correct and complete and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. [Cross out language at item (2) if you are subject to backup withholding.] (3) I am a U.S. person (including a U.S. resident alien).	
X _____	() Check if backup withholding exempt
<i>Custodian's Signature</i>	<i>Date</i> <i>SSN/TIN of minor</i>

SEND BOND/STATEMENT TO:	*SEND INTEREST PAYMENTS TO:	CONTACT INFORMATION:
() Registered Owner () Purchaser () Other, complete below _____ _____ _____	() Registered Owner () Direct Deposit () Other, complete below () Wire Transfer _____ _____ _____ *If Applicable	Steve Landis Phone: (800) 676-3101 (713) 729-3100 Fax: (713) 729-8456 Steve.Landis@IsraelBonds.com Return Investment Form to: State of Israel Bonds Central Processing Department P.O. Box 5263 New York, NY 10150-5263



CUSTOMER INFORMATION FORM

Individual

Internal use only Account No.: _____

- ▶ This form is only valid for U.S. citizens and resident aliens of legal age. If you are a Corporation, Partnership or other entity, please use the Corporate 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 your driver's license or 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.

<p>Purchaser information</p> <p>Name (First, MI, Last) _____</p> <p>Spouse's Name (If Applicable) _____</p> <p>Address (No P.O. Boxes) _____</p> <p>City _____ State _____ Zip _____</p> <p>Residence Phone _____ Fax Number _____</p> <p>E-mail Address (if available) _____</p> <p>Social Security Number _____ Date of Birth _____</p> <p>Would you be interested in receiving info via E-mail ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Business information Check if applicable: Retired <input type="checkbox"/></p> <p style="text-align: right;">Not Employed <input type="checkbox"/></p> <p>Title _____ Occupation _____</p> <p>Employer _____</p> <p>Business Address (No P.O. Boxes) _____</p> <p>City _____ State _____ Zip _____</p> <p>Business Phone _____ Business Fax _____</p> <p>E-mail Address (if available) _____</p> <p>Preferred Mailing Address <input type="checkbox"/> Residence <input type="checkbox"/> Business</p>
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How were you introduced to Israel Bonds ? _____

Investment Objective	Annual Income
<input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Preservation of Capital	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$100,001-\$200,000 <input type="checkbox"/> \$50,000-\$100,000 <input type="checkbox"/> Over \$200,000
Federal Income Tax Bracket	Liquid Net Worth
<input type="checkbox"/> 15% <input type="checkbox"/> Over 28% <input type="checkbox"/> 28%	<input type="checkbox"/> Under \$100,000 <input type="checkbox"/> \$200,001-\$500,000 <input type="checkbox"/> \$100,000-\$200,000 <input type="checkbox"/> Over \$500,000

Are you (or a member of your household) 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 a member of your household) 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. I further understand that DCI does not disclose non-public personal information about its customers or former customers to anyone, except as permitted by law. In order to expedite the processing of my transactions, I agree to receive notice of DCI's privacy policy at a later time.

Purchaser Signature _____

Date _____