



State of Israel
Ministry of Finance

Computershare



8th Floor, 100 University Avenue
Toronto, Ontario M5J 2Y1
www.computershare.com
Toll Free: 1-866-982-8777

Use a black or blue pen. Print in CAPITAL letters inside the grey areas as shown in this example.

A B C 1 2 3 X

Holder Account Number

C

Please complete the information fields below (print clearly) in full

Registered Name in which account is held (eg. John Smith)

[Empty text box for registered name]

Apt. Street Number Street Name

[Empty text box for address]

City

Prov. / State

[Empty text box for city]

[Empty text box for province/state]

Canadian Dollar – Direct Deposit

I/We elect to receive: both interest and maturity payments
(check one) only my interest payments

Bank Account Information (or attach a void CAD cheque)

Beneficiary Name(s)

[Empty text box for beneficiary name]

Institution Number Transit Number Account Number

[Empty text boxes for institution, transit, and account numbers]

Beneficiary Bank Name

[Empty text box for beneficiary bank name]

Bank Address

[Empty text box for bank address]

City

Province

Postal Code

[Empty text box for city]

[Empty text box for province]

[Empty text box for postal code]

Holder Authorisation (The signature of all registered holders is required)

*For corporations, charities and guardians of minors: proof of appointment is required.

Holder(s) Signature(s)

Holder(s) Signature(s)

Day

Month

Year

[Empty text box for signature]

[Empty text box for signature]

[Empty text boxes for day, month, and year]

** The holder(s) must be beneficiary of account. Fee charges for rejected payments are responsibility of the holder(s)

By signing this document the holder authorizes Computershare Trust Company of Canada to update the account(s) detailed and agrees to indemnify Computershare Trust Company of Canada against any claims, liabilities, losses, expenses, suits or damages therefrom.

Holder Contact Number

[Empty text box for holder contact number]

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