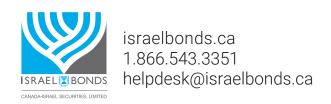


Update Trusted Contact Persons

1. Client Information								
Name(s)	Q Rabbi							
Name(s) D.O.B. (mm/dd/yyyy)								
Address		City			Prov./State	Postal code	/ZIP	Country
Home phone	Mobile phone		Business phone					
Email address								
2. Trusted Contact Person Information - Please note that this does not constitute a Power of Attorney								
A Trusted Contact Person, who must be at least 18 years old, is someone you designate that CISL may contact in case of emergency or incapacity. He or she is not authorized to transact business on your behalf. This authorization does not require or obligate CISL to share concerns or your information with the Trusted Contact Person(s). CISL may contact your Trusted Contact Person(s) under these circumstances:								
 If we have concerns about your health (mental or physical); If we suspect financial exploitation is being committed against you; If we need to confirm the identity of any legal guardian, executor, trustee or holder of a power of attorney; If we have concerns about your whereabouts; If we have any other concerns or are unable to contact you. 								
You may provide to CISL one or more Trusted Contact Persons. Providing CISL with trusted contact information is optional. If you are providing a Trusted Contact Person, you must provide name, address, relationship, and either phone or email. You may add, update or remove a Trusted Contact Person at any time by contacting us.								
Adding a Trusted Contact Person is option	nal, but if one is adde	ed, all fields	are require	d.				
*Required: Please indicate if you would like to Add, Update, or Remove the person listed below by checking the appropriate box:								
Trusted Contact Person 1								
First name	Middle name	name	ne					
Address (PO box not accepted)			City	Province/State/County Postal/ZIP C			al/ZIP Code	
Phone Number		Email address						
Relationship to you								
*Required: Please indicate if you would like to Add, Update, or Remove the person listed below by checking the appropriate box:								
Trusted Contact Person 2								
First name	Middle name Last name							
Address (PO box not accepted)			City		Province,	State/County	Posta	al/ZIP Code
Phone Number Email add			ress					
Relationship to you								



3 Client Signature (Please read and sign.)

Update Trusted Contact Persons

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I certify that all of the information I have supplied to CISL on this form or otherwise is accurate, complete and truthful. I agree to notify CISL in writing within 30 days of any material changes to the information supplied by me on this form or otherwise. I further acknowledge that CISL shall not be responsible for any changes to such information unless CISL has received written notice of such changes from me. I understand that CISL does not give legal or tax advice.								
Authorized Contact Printed Name	X Authorized Contact Signature	Date						

4. Where to Send This Form

Completed forms can be sent to:

Residents of all provinces/territories except Quebec:

Israel Bonds / Canada-Israel Securities, Limited PO Box 434, North York RPO Steeles West, Toronto, ON, M3J 0J3

Residents of Quebec:

Israel Bonds / Canada-Israël Valeurs Mobilières Limitée PO Box 56033, Montreal CP Alexis Nihon, Montreal, QC, H3Z 3G3

Fax: 514.482.9640

For registered mail, courier or in person appointments please call our offices.

For a Canadian office directory, visit israelbonds.ca

Thank you for taking the time to complete and submit the Update Trusted Contact Persons form. We value your loyal and trusted business.