

# State of Israel Bonds

Development Corporation for Israel  
Member FINRA, SIPC

# Computershare

Attn: State of Israel  
250 Royall Street  
Canton MA 02021

## ASSIGNMENT SEPARATE FROM BOND

FOR VALUE RECEIVED, the undersigned does hereby sell, assign and transfer unto:

Type or print name, Social Security or Taxpayer ID Number and address of transferee (new owner)

Name:	
Social Security/Tax Payer ID number:	
Address:	
State & Zip Code:	

TYPE OF BOND (Savings, Coupon, Current Income)	ISSUE/PRINCIPAL AMOUNT	BOND # (Bond Certificate) Or ACCOUNT # (Book Entry)	NAME OF ISSUE (i.e., 6 <sup>th</sup> IVRI, Jubilee (3 <sup>rd</sup> Series))
---	------------------------	---	---

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PLEASE USE SEPARATE FORMS FOR BONDS WITH DIFFERENT REGISTRATIONS

Attached hereto/maintained in Book Entry Form, registered in the name of the undersigned. I (WE), certify, under penalty of perjury, that this assignment/transfer is made in accordance with the transfer restriction of the bond referenced above, to the following permissible transferee (see terms of the bond for further details), and that the following conditions to transfer, if any, have all been met at the time of assignment.

#### Proposed Transferee (please initial the appropriate box):

<input type="checkbox"/>	<b>The State of Israel or Development Corporation for Israel</b>
<input type="checkbox"/>	<b>Charitable Organization.</b> I certify that the transferee is a charitable organization to which contributions are deductible for federal income tax purposes, and that I will receive no payment or other consideration in connection with the transfer.
<input type="checkbox"/>	<b>Family Member.</b> I certify that the transferee is my/our child, grandchild, sibling parent or spouse.
<input type="checkbox"/>	<b>Inheritance.</b> I certify that the transferee is being made by the estate of the bondholder, in accordance with a testamentary disposition or the laws of descent.
<input type="checkbox"/>	<b>Institution Lender.</b> I certify that the proposed transfer meets the condition for transfer to an institutional lender, as set forth in the terms of the bond.
<input type="checkbox"/>	<b>Other.</b> Other transfers are permitted only pursuant to an existing Direction of the State of Israel. If this box is checked, please specify the Direction authorizing the transfer: _____

Signature(s): (The signature(s) must correspond exactly with the name(s) registered on the Bond or Book Entry registration)

\_\_\_\_\_  
DATE SIGNATURE

\_\_\_\_\_  
DATE SIGNATURE

#### INSTRUCTION FOR GUARANTEE

The signature(s) must be guaranteed by an eligible guarantor institution

Which is a member or participant of one of the following signature

Programs:

- Securities Transfer Agents Medallion Program (STAMP)
- New York Stock Exchange Medallion Program (MSP)
- Stock Exchange Medallion Program (SEMP)

\_\_\_\_\_  
SIGNATURE(S) GUARANTEED BY