This form can be downloaded at: israelbondsintl.com/forms

Corporate Trust Services
1500 University Street, 7th floor,
Montreal, Quebec, H3A 3S8 Canada

Payment Replacement via Wire Wire Instruction Update Remove Wire Instructions*

*To remove wire Instructions, only populate the following fields: Holder name, Holder account number, signature and date

Holder(s) Name(s)						
Holder Account Number			Comr	Community Code - For DCI use only		
Certificate Number(s) (if applicable)			Cheque Number(s) (if applicable)			
Beneficiary Account Name			<u> </u>			
Beneficiary Bank Name						
Beneficiary Account Number		ABA (US Only)		Sort	Sort Code (UK Only)	
IBAN		CLABE (Where Applicable)		SWI	SWIFT	
Bank Address						
City	/ County/Province		/ State Postal Code/Zip Code		Country	
For Further Credit (if	applicable):					
FFC Bank FF		FC Beneficiary Account		INO (Account Name)		
Declaration						
 The holder(s) must be the benef By signing below, you authorize this form, attest that you are aut by all individuals associated with Select one option. If no I/We elect to receive by 	Israel Bonds and (horized to request this change reque option is chos	Computershare Trust C these changes, and at est. For Entity Accounts	Company of Cana test that all this in s, you must be au ceed to defau	da (CPU), to act formation is con thorized to sign I lt paying ma	on all instructions provided on rect. This form must be signed on behalf of the Entity.	
Holder Signature(s)				Signature Guarantee		
		Date				
Holder Signature(s)				Si	onature Guarantee	

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infoEN@israelbondsintl.com | infoDE@israelbondsintl.com | infoFR@israelbondsintl.com | infoES@israelbondsintl.com