

This form is valid for a dealer firm to open an account on behalf of an account it manages. If the beneficiary has a pre-existing relationship with Canada-Israel Securities, Limited (which is registered as an Exempt Market Dealer), they are required to complete an Account Opening Application for Individual or Entity (as applicable).

1. Dealer Firm Informati	on							
Firm name								
i ini name								
Firm address				City		Province	Postal code	
 Dealer Firm is an IIROC securities dealer Dealer Firm is an OSC portfolio manager/investment fund manager/exempt market dealer 								
2. Investment Advisor / Portfolio Manager								
Name								
Title/Position					RR code			
Address (if different from above)				City	1	Province	Postal code	
Dusing a share								
Business phone Mobile phone			Fax		Email address			
3. Investment Advisor's Assistant / Associate Portfolio Manager (If name is provided, title, email & phone are required.)								
		ddle name			novided, title, effait & priorie are required.)			
Title/Position						RR code		
			Fox		Empil addroop			
Business phone	Mobile phone		Fax		Email address			
4. Branch Manager / Chi	ief Compliar	ce Officer (C		o io providod titlo, omo	: 0 ml			
First name		ddle name		Last name	n « pi	ione are required.)		
Title/Position						RR code		
Business phone Mobile phone			Fax	ах		Email address		
5. Beneficial Bondholder Information								
First name – As shown on government issued identification Middle name		Middle name	Last name – As shown on governr		nent issued identification			
Address				City		Province	Postal code	
6 Signatura								
6. Signature								
 By submitting this completed Account Opening Application – For Brokerage Accounts, the Dealer Firm hereby acknowledges and confirms that it has fulfilled all relevant "know-your-client' and suitability obligations that it owes to the Beneficiary and all identification and investor information collection obligations under anti-money laundering and anti-terrorist financing legislation. The Dealer Firm also agrees to provide any information requested by CISL to assist it in discharging its obligations under such laws. Specifically, the Dealer Firm represents the has delivered to the Beneficiary, a copy of the disclosure documents regarding the Israel bonds to be purchased; It does not keep anonymous accounts or accounts in obviously fictitious names; it has identified, verified and recorded the identity of the Beneficiary as required by anti-money laundering and anti-terrorist financing legislation; It has confirmed the Beneficiary's source of funds to the best of its knowledge and it is not aware and has no reason to suspect that such funds have been derived from any illegal activities; and It will maintain all necessary records on transactions for the beneficiary and it will keep records on client identification, account files and business X 								

Investment Advisor or Portfolio Manager's Signature



israelbonds.ca 1.866.543.3351 brokerageorders@israelbonds.ca

7. Where to Send This Form

Completed forms can be sent to:

Residents of all provinces/territories except Quebec:

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

Residents of Quebec:

Canada-Israel Securities, Limited / Israel Bonds PO Box 56033, Montreal CP Alexis Nihon, Montreal, QC, H3Z 3G3 Fax : 514.482.9640 ATTN: Brokerage Orders brokerageordersmtl@israelbonds.ca

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 Account Opening Application. We value your loyal and trusted business.