

- Computershare Trust Company of Canada, the fiscal agent for the State of Israel, requires notification of your address change 15 business days prior to your next payment date.
- In order to serve you better and maintain accurate account information, please complete all required information in full.

1. Completing the form

- ✓ Please complete one form per household. Where multiple bond holders and/or purchasers exist at the same address, please provide in Section 2, the name of each individual bond holder and/or purchaser associated with this address change.
- ✓ By completing this form, you are requesting that the address change should be applied to all of your records with Israel Bonds and Computershare Trust Company of Canada, the fiscal agent for the State of Israel.
- ✓ All bond holders who have reached the age of majority* requesting the change of address must sign Section 6. In the case of minors, parent(s) or guardian(s) may sign on their behalf.
- ✓ This form should be used to update your address(es) of record with Israel Bonds and Computershare Trust Company of Canada, the fiscal agent of the State of Israel.
- ✓ For Entity accounts, you must be authorized to sign on behalf of the Entity. Please fill out the Corporate Resolution Form.

*If you are unsure of the age of majority for your province or territory, please contact us at 1.866.543.3351 or helpdesk@israelbonds.ca

Thank you for taking the time to complete and submit the Change of Address Form.
We value your loyal and trusted business.

2. Mailing instructions

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

Residents of Quebec:

Canada-Israel Securities, Limited / Israel Bonds
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

3. Name & Contact Information

NAME	<input type="text"/>		
EMAIL	<input type="text"/>		
HOME PHONE	<input type="text"/>	CELL PHONE	<input type="text"/>
		BUSINESS PHONE	<input type="text"/>

4. Additional Name(s) of Bond Holders & Purchasers Associated with this Address Change

NAME	<input type="text"/>	Is this person a minor?	<input type="radio"/> Yes <input type="radio"/> No
NAME	<input type="text"/>	Is this person a minor?	<input type="radio"/> Yes <input type="radio"/> No
NAME	<input type="text"/>	Is this person a minor?	<input type="radio"/> Yes <input type="radio"/> No
NAME	<input type="text"/>	Is this person a minor?	<input type="radio"/> Yes <input type="radio"/> No

5. New Permanent Home Address (PO box not accepted)

APARTMENT OR SUITE #	<input type="text"/>	ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	PROVINCE / STATE	<input type="text"/>	POSTAL CODE / ZIP	<input type="text"/>
				COUNTRY	<input type="text"/>

6. Mailing Address (If different from home address)

APARTMENT OR SUITE #	<input type="text"/>	ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	PROVINCE / STATE	<input type="text"/>	POSTAL CODE / ZIP	<input type="text"/>
				COUNTRY	<input type="text"/>

7. Previous Address(es)

PREVIOUS ADDRESS 1

APARTMENT OR SUITE #	<input type="text"/>	ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	PROVINCE / STATE	<input type="text"/>	POSTAL CODE / ZIP	<input type="text"/>
				COUNTRY	<input type="text"/>

PREVIOUS ADDRESS 2

APARTMENT OR SUITE #	<input type="text"/>	ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	PROVINCE / STATE	<input type="text"/>	POSTAL CODE / ZIP	<input type="text"/>
				COUNTRY	<input type="text"/>

FOR INTERNAL USE ONLY

CPU ACCOUNTS RELATED TO THIS ADDRESS CHANGE

8. Signature(s)

By signing below, you authorize Israel Bonds and Computershare Trust Company of Canada to act on all instructions provided on this form, attest that you are authorized to request these changes, and attest that all information provided is correct.

This form **must be signed** by all individuals who have reached the age of majority, associated with this change request. For Entity accounts, you must be authorized to sign on behalf of the Entity. Please fill out the Corporate Resolution Form.

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE