



## 1. Client Information

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Dr. <input type="radio"/> 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 optional, but if one is added, all fields are required.

**\*Required: Please indicate if you would like to Add, Update, or Remove the person listed below by checking the appropriate box:**    Add    Update    Remove

### Trusted Contact Person 1

First name		Middle name	Last name		
Address (PO box not accepted)			City	Province/State/County	Postal/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:**    Add    Update    Remove

### Trusted Contact Person 2

First name		Middle name	Last name		
Address (PO box not accepted)			City	Province/State/County	Postal/ZIP Code
Phone Number		Email address			
Relationship to you					



israelbonds.ca  
1.866.543.3351  
helpdesk@israelbonds.ca

# Update Trusted Contact Persons

### 3. Client Signature (Please read and sign.)

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.

\_\_\_\_\_ X \_\_\_\_\_  
Authorized Contact Printed Name 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](http://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.