



State of Israel
Ministry of Finance

Computershare

P.O. Box 7067
31 Adelaide St. E.
Toronto, Ontario M5C 3G3
Telephone 866-982-8777
www.YourIsraelBonds.ca

**GOVERNMENT OF ISRAEL
MINISTRY OF FINANCE**

AFFIDAVIT OF LOSS AND INDEMNITY

I/We, _____, hereby affirm(s) and agree(s) as follows:

The undersigned is/are the legal and beneficial owner or is/are acting in a representative or fiduciary capacity with respect to a Government of Israel Bond (the “Original Bond(s)”).

Designated/Certificate Number(s)	Amount(s)	Currency	Issue Date (DD/MM/YYYY)	Maturity Date (DD/MM/YYYY)

2. The Original Bond(s) was lost or stolen or destroyed.
3. If the Original Bond(s) was lost or stolen, the undersigned has diligently searched or the Original Bond(s) but was unable to find it.
4. The Original Bond(s) was not endorsed for transfer, and the undersigned has not executed any Bond(s) or similar power relating to the Original Bond(s).
5. The undersigned has not sold, transferred or disposed of the Original Bond(s) or any interest, right, title or claim therein to any person or entity.
6. The undersigned makes this affidavit for the purpose of requesting and inducing the Government of Israel to issue a new Bond(s) in substitution for the Original Bond(s), or for the Government of Israel to make a payment to the undersigned if the Original Bond(s) has matured.
7. If the undersigned finds the Original Bond(s), the undersigned shall surrender it forthwith to, as applicable, the Development Corporation of Israel (“DCI”), Israel Bonds International (“IBI”), Canada Israel Securities Ltd. (“CISL”) or Computershare Trust Company, N.A. or Computershare Trust Company of Canada (together “CPU”). DCI, IBI or CISL, as applicable, will then forward the Original Bond(s) they receive to CPU for cancellation.



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8. The undersigned hereby agrees to indemnify and hold the Government of Israel, DCI, IBI, CISL and CPU and their successors and assigns harmless, and to reimburse the Government of Israel, DCI, IBI, CISL and CPU for any loss, damage or expense they or their successors and assigns may sustain by any other person or entity arising from the Original Bond(s), from the issuance of a new Bond(s) or from payment to the undersigned in reliance upon this affidavit.

(Signature of Bondholder(s) or Legal Representative(s))

(Signature of Bondholder(s) or Legal Representative(s))

STATE/ PROVINCE OF _____)
) ss.:
COUNTY/MUNICIPALITY OF _____)

On the _____ day of _____, 20____, before me personally came
(day) (month) (year)
_____, to me known, who being by me duly sworn,
Name of Bondholder(s) or Legal Representative(s)
depose and say that he/she resides at _____,
(Address)
_____, _____, _____: that he/she is
(City) (Province/State) (Postal Code/Zip Code)

Legal Capacity [Bondholder(s) or Legal Representative(s)]

Name of Notary Public or Commissioner for Oaths

Signature of Notary Public or Commissioner for Oaths

Commission expires: _____