

The Gift of Israel

enroll to save for your child's future teen trip to Israel



The Gift of Israel is not your ordinary present.

It's a partnership savings program that combines contributions from families, community organizations, and participating synagogues to pay for your child's future teen trip to Israel.

Once a child is enrolled in the Gift of Israel, each of the partners contributes a minimum amount for a specified number of years to a Gift of Israel bank account. When the child is ready to take a teen trip to Israel, you will have a sizable savings at hand.

It's easy to enroll.

A special arrangement has been made with Bank Hapoalim's (the largest bank in Israel) US Subsidiary, Signature Bank to open and maintain your Gift of Israel account. Signature Bank, the official Gift of Israel banking organization, is an FDIC insured, full-service commercial bank located in New York City.

Steps to enrollment:

1. Check with your local federation or synagogue ("Federation") for a summary of your community's specific financial commitments and eligible enrollment age.
2. Complete the Participant Account Application (section 1) on the next page.
3. Include your first deposit check, made payable to: "(Name of your Federation), FBO (Name of Participant)." Please include the participant's Social Security Number (SSN) on the check as well.
4. Mail initial check and Participant Account Application directly to your Federation (they will complete section 2).
5. Fill out your federation's separate application form, if provided.



SIGNATURE BANK®



1. Participant Account Application

Please complete and mail with your initial deposit, directly to your Federation.

Checks should be payable to: (Name of Federation) Gift of Israel Program, for (Name of Participant). Please include the participant's Social Security Number (SSN) on the check. DO NOT SEND CASH

Participant's First Name	Participant's Last Name	Participant's Social Security No. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Street/Apt. Address	City	State, ZIP
Child's Date of Birth	Current School & Grade	
Parent/Guardian First Name	Parent/Guardian Last Name	Parent/Guardian Social Security No. <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Street/Apt. Address (if different)	City	State, ZIP
Name of local congregation, school or synagogue		Name of sponsoring Federation or Organization

Amount Enclosed _____

Participant/Guardian: Please read and sign below to complete this application.

Taxpayer ID Number Certification - For US citizens and aliens residing in the US. Nonresident aliens should not sign this section, but must complete and sign the applicable W-8 form, which is W-8BEN, W-8ECI, W-8EXP, or W-8IMY.

By signing below, I hereby certify under penalties of perjury that: (1) The number shown on this form is my correct tax identification number, and (2) I am not subject to backup withholding, because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. Resident Alien).

Certification instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and/or dividends on your tax return.

Signature of Participant/Guardian Date

I understand that the Bank may obtain a consumer report in connection with this application and upon my request the Bank will tell me the name and address of the consumer reporting agency.

Signature of Participant/Guardian Date

2. Federation Use Only

The Organization listed above certifies that the information provided on the reverse of this document about the participant and his/her parent or guardian is complete and correct and that their signatures are genuine and requests that Signature Bank establish a participant sub-account for that participant under the Organization's Master Account.

Federation's Authorized Signer's Name (print or type)

Federation's Authorized Signer's Signature

Signature Use Only

Federation RM#

Participant Account #

Representative: Please verify information on application is complete. Initial at right

