

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.

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.

Street/Apt. Address (if different) _____ City _____ State, ZIP _____

_____ San Francisco _____
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

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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: _____ (print or type)

3. Signature use only:

Federation RM #: Participant Account #:

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



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