

ALTSHULER SHAHAM

BENEFITS

Dear Customer,

Please complete the details in the below form and send it to us by e-mail at Benefits@altshul.co.il or Fax +972-3-6960255. Please contact us to confirm your updated details at +972-73-2099999.

Office Hours (Israel time) are: Sun: 8:30 - 17:00, Mon. – Fri.: 8:30 – 23:00

Please update the following details:

Personal Details

Company Name:

Full Name:

Personal ID#:

Birth Date:

__ / __ / ____ (DD/MM/YYYY)

Phone No. (Work):

Mobile:

E-mail address:

Home Address:

(City, State, Country, Zip Code)

Private Bank Account Details

I hereby instruct Altshuler Shaham Trusts to transfer all incoming money due to sale orders to my personal Bank Account details as follows:

Bank Name:

Branch No. & Name:

Account #:

Account Name:

IBAN #:

For non-Israeli Accounts:

Bank Branch's Address:

ABA # /SWIFT Code:

The details above substitute the existing Account Details in Altshuler Shaham Trusts and stands instead of them.

Date (dd/mm/yyyy)

Beneficiary signature