



**CUSTOMER INSTRUCTIONS**  
**ONLY SEND ONE ORDER PER FAX**  
**ALL INSTRUCTIONS MUST BE FAXED TO (212) 490-3278**

**IDB Capital Corporation**  
 511 Fifth Avenue  
 New York, NY 10017

Date: \_\_\_\_\_

Please **BUY**  Please **SELL**

for my **IDB Capital** account # \_\_\_\_\_, at my sole risk, the following securities

**FOR BONDS**

Face Amount: \_\_\_\_\_ Issuer: (name/type) \_\_\_\_\_

Coupon: \_\_\_\_\_ Maturity: \_\_\_\_\_

Limit Price: \_\_\_\_\_ First Call: \_\_\_\_\_

**FOR TREASURIES**

Face amount \_\_\_\_\_ Maturity: \_\_\_\_\_

\$ Exhaust: \_\_\_\_\_

Payment instructions at maturity: \_\_\_\_\_

**FOR STOCKS**

PREFERRED Description \_\_\_\_\_

COMMON

# of shares or Dollar amount: \_\_\_\_\_ Issuer/Description: \_\_\_\_\_

At Market  Limit Order \_\_\_\_\_ (Limit Price)

This order should remain in effect until canceled

IDB Capital is hereby authorized and directed to debit or credit my Transaction Settlement Account at my designated bank as specified on the new account application, including all applicable commissions and fees. I have read, and fully understand and agree to bound by the terms and conditions of my IDB Capital Client Account Agreement, which I have previously executed and provided to you.

**I hereby declare that I have been informed of the risks involved in the purchase of the above mentioned instrument and it is under my sole responsibility.**

*Por la presente declaro que estoy al tanto del riesgo involucrado en la compra del instrumento arriba mencionado y es bajo mi entera responsabilidad.*

*Pela presente declaro que estou ciente do risco que envolve a compra do instrumento acima mencionado e ela foi feita sob minha inteira responsabilidade.*

Customer Signature: x \_\_\_\_\_

Witness: x \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Account Reference (DDA/CIF/Name): \_\_\_\_\_

**General Data-For information purposes only**

Approx. debit amount will be: \_\_\_\_\_ Source of funds \_\_\_\_\_

YTM/YTC \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Done in NY with: \_\_\_\_\_

**For internal use only:**

Signature Verified: \_\_\_\_\_ Funds Held: \_\_\_\_\_ Date: \_\_\_\_\_

Credit/Debit DDA# \_\_\_\_\_ CIF: \_\_\_\_\_ Valid W8BEN/(Y/N): \_\_\_\_\_

Officer Code: \_\_\_\_\_ Name: \_\_\_\_\_ Officer Approving: \_\_\_\_\_