

# Forms and Informational Packets Pertinent to U.S. Savings Bonds/Notes

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Forms are available from the Treasury Retail Securities site and may be downloaded from <http://www.treasurydirect.gov>. The forms are also shown on the pages indicated in parentheses.

\*FA F 400 (page C-2)  
Request for Reissue or Refund of Purchase Price Due to Error in Issue or in Registration of United States Savings Bonds

*Note: This form is to be completed and signed by the financial institution.*

PD F 0385 E (page C-4)  
Certificate of Identity

PD F 1048 E (page C-5)  
Claim for Lost, Stolen, or Destroyed United States Savings Bonds

PD F 1455 E (page C-11)  
Request By Fiduciary For Distribution Of United States Treasury Securities

PD F 1522 E (page C-17)  
Special Form of Request for Payment of United States Savings and Retirement Securities Where Use of a Detached Request Is Authorized (Limited use form - must be obtained from TRS on a case basis)

PD F 1849 E (page C-21)  
Disclaimer and Consent With Respect to United States Savings Bonds/Notes

PD F 1851 E (page C-23)  
Request to Reissue United States Savings Bonds to a Personal Trust

PD F 1980 E (page C-28)  
Change of Address and/or Identification of Account for United States Registered Securities

PD F 2513 E (page C-30)  
Application by Voluntary Guardian of Incapacitated Owner of United States Savings Bonds/Notes

PD F 2966 E (page C-35)  
Special Bond of Indemnity by Purchaser of United States Savings Bonds/Notes Involved in a Chain Letter Scheme

PD F 4000 E (page C-37)  
Request to Reissue United States Savings Bonds

*Note: See Part B of the instructions to determine who should sign the form.*

PD F 5257 E (page C-43)  
Change of Address Notification for HH/H Accounts

PD F 5336 E (page C-44)  
Disposition Of Treasury Securities Belonging To A Decedent's Estate Being Settled Without Administration

PD F 5394 E (page C-53)  
Agreement and Request for Disposition of a Decedent's Treasury Securities

PD F 5396 E (page C-62)  
Direct Deposit Sign-Up Form

\*Forms not available online.

Informational packets are provided to agents and customers through the Treasury Retail Securities site when the savings bond transaction must be forwarded to Public Debt for processing. Transactions that require forwarding to Public Debt include cases specific to a power of attorney, trust, or claim transaction (other than non-receipt). The packets are shown on the pages indicated in parentheses.

Power of Attorney Packet (page C-63)

Trust Packet (page C-64)

Claim Packet (page C-66)

FA F 400-M  
Rev. 08/10

**REQUEST FOR REISSUE OR REFUND OF PURCHASE PRICE  
DUE TO ERROR IN ISSUE OR IN REGISTRATION OF UNITED STATES SAVINGS BONDS**

**Instructions**

Complete a separate form for each different bond registration and/or issue date that you are submitting for a reissue or refund of purchase price.

Mail the completed form to **Treasury Retail Securities, P.O. Box 214, Minneapolis, MN 55480-0214.**

1. **The undersigned presents and surrenders the following described United States Savings Bonds for**

Refund of purchase price (Complete Numbers 2, 3, 5 and 6 for refunds.)

Reissue to correct error (Complete Numbers 2, 3, 4 and 6 for reissues.)

2. **The undersigned certifies that the following is a true and complete explanation of the error upon which this request is based:**

BOND OWNER'S NAME IS MISSPELLED.

- 3.

SERIES	DENOMINATION (face amount)	SERIAL NUMBER	ISSUE DATE	INSCRIPTION (Social Security or Tax Identification number, names, and addresses exactly as inscribed on bonds)
EE	\$200	R245320184	7/10	123-45-6789 AMANDA ATKINS 123 FIRST AVE SOMETOWN, MN 12345

4. **The undersigned requests reissue as follows:** Correct Issue Date: July 2010  
month year

or  Social Security Number Tax Identification Number

Owner or first-named co-owner  
AMANDA ATKINSON

Bonds to be delivered "care"of (Name, if different from above owner/co-owner)

Address for delivery of bond(s)  
123 FIRST AVE SOMETOWN MN 12345  
Street Address City State ZIP

Co-owner or Beneficiary  Co-owner  Beneficiary

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

FORM MUST BE SIGNED ON BACK (SEE REVERSE SIDE TO REQUEST REFUND)

5. Instructions for refund of purchase price

Credit our Reserve/Correspondent Account (payments can only be credited to the agent that submitted original purchase request)

ABA Routing Number: \_\_\_\_\_

Branch Number: \_\_\_\_\_

Remit payment by check, payable to:

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address/Mailing Address

\_\_\_\_\_  
City, State & ZIP

6. If this request is granted, the undersigned holds the United States and its agents harmless on account of any claim by any other parties having, or claiming to have, interests in the bond(s), indemnifies unconditionally the United States, and will repay upon demand by the Department of the Treasury or its agents all sums of money that the Department may be obliged to pay on account of the above-described bond(s), including any interest, administrative costs, and penalties, and any other liabilities or loss the Department may incur on account of these bond(s).

OFFICIAL STAMP  
OR  
SEAL

8-5-10  
Date

BANK USA  
Name of Institution

By

Jane Doe AVP  
Signature and Official Title or Designation

JANE DOE  
Print Name

123 MAIN ST  
Street Address

SOMETOWN MN 12345  
City, State & ZIP

(222)-333-4444  
Phone Number (contact person)

JANE.DOE@BANKUSA.COM  
Email Address

For official use only: Customer Name PD F 0385 E Department of the Treasury Bureau of the Public Debt (Revised August 2009)	Customer No.
<b>CERTIFICATE OF IDENTITY</b>	
OMB No. 1535-0048 <a href="http://www.treasurydirect.gov">www.treasurydirect.gov</a>	
<b>IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime under the laws of the United States.</b>	
<b>PRINT IN INK OR TYPE ALL INFORMATION</b>	
<i>Affidavit</i>	
<ul style="list-style-type: none"> <li>• I certify that the names <u>PEANUT PARSON</u> and <u>PETER P PARSONS</u> refer to the same person, whose correct name is <u>PETER PAUL PARSONS</u>.</li> <li>• The names are different because: <u>"PEANUT" WAS A NICKNAME FOR PETER PAUL PARSONS USED BY HIS FAMILY.</u></li> <li>• The source of my knowledge is: <u>I HAVE KNOWN PETER PAUL PARSONS FOR OVER 25 YEARS.</u></li> <li>• Is there now or was there during <u>2010</u> any other person known to you by either/any of these names? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain:</li> </ul>	
<i>Signature – A person who is not named on the securities and who has no interest in the securities must sign this form in the presence of a certifying officer.</i>	
Sign Here:	<u>Joe Friendly</u> (555) 123-4567 <small>(Signature) (Daytime Telephone Number)</small>
Home Address:	<u>123 ANY LANE</u> <u>SOMETOWN</u> <u>IL</u> <u>12345</u> <small>(Number and Street or Rural Route) (City) (State) (ZIP Code)</small>
<i>Certification – (Certifying Officer - The individual must sign in your presence. Complete the certification and affix your stamp or seal.)</i>	
I CERTIFY that <u>JOE FRIENDLY</u> , whose identity is known or proven to me, personally appeared before me this <u>25</u> day of <u>JUNE</u> , <u>2010</u> , at <u>SOMETOWN, IL</u> , and signed this form. <small>(Month) (Year) (City) (State)</small>	
(OFFICIAL STAMP OR SEAL)	<u>Jane Doe</u> <u>AVP</u> <small>(Signature and Title of Certifying Officer)</small> <u>BANK USA, 123 MAIN ST.</u> <small>(Street Address)</small> <u>SOMETOWN</u> <u>IL</u> <u>12345</u> <small>(City) (State) (ZIP Code)</small>

**INSTRUCTIONS**

A person who has **NO** interest in the securities must complete and sign this form, confirming the individual's identity. Unless otherwise instructed in accompanying correspondence, mail to the Treasury Retail Securities Site that requested this form or to the Department of the Treasury, Bureau of the Public Debt, using the addresses listed below:

- Definitive (paper) savings bonds – PO Box 7012, Parkersburg, WV 26106-7012
- Marketable securities and electronic savings bonds – PO Box 426, Parkersburg, WV 26106-0426

**CERTIFICATION**

**Person who signs form** - You must sign the form in the presence of an officer authorized to certify assignments or requests for payment of United States savings and retirement securities. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For complete lists of such officers, see Department Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

**Certifying officer** - The person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he/she is personally known to you. You must complete and sign the certification form and affix your organization's seal or stamp. If you are an employee (rather than an officer) authorized to certify, insert the words "Authorized Signature" in the space provided for the title.

**NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes, courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate that it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328.

For official use only: Customer Name		Customer No.
PD F 1048 E Department of the Treasury Bureau of the Public Debt (Revised November 2011)		OMB No. 1535-0013
<b>CLAIM FOR LOST, STOLEN OR DESTROYED UNITED STATES SAVINGS BONDS</b>		
<a href="http://www.treasurydirect.gov">www.treasurydirect.gov</a>		
<b>IMPORTANT:</b> Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment. <b>PRINT IN INK OR TYPE ALL INFORMATION</b>		
<b>1. DESCRIPTION OF BONDS</b> Describe the missing bonds in the spaces below. If you don't know the bond serial numbers, provide as much information as possible and also indicate the total number of bonds that are missing.		
<b>ISSUE DATE</b> <small>(If you don't know the exact date, furnish a range of issue dates.)</small>	<b>FACE AMOUNT</b>	<b>BOND NUMBER</b>
03/07	200	R242698667EE
		<b>INSCRIPTION</b> <small>(Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds. If a bond was received as a gift, provide the purchaser's Social Security Number.)</small>
		123-45-6789
		MELVIN M MILLER
		123 1ST AVE
		SOMETOWN, IL 12345
		POD MICHAEL M MILLER
<small>(If you need more space, attach either a PD F 3500 (see <a href="http://www.treasurydirect.gov/forms/sav3500.pdf">www.treasurydirect.gov/forms/sav3500.pdf</a>), a plain sheet of paper, or a photocopy.)</small>		
<b>2. DETAILS OF THE LOSS</b> – Mark the appropriate boxes and provide complete details of the loss.		
<input checked="" type="checkbox"/> <b>Lost</b>		
• The bonds were: <input type="checkbox"/> <b>Stolen</b> ⇒ Date of Theft: _____ Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach a copy of the report.</i>		
<input type="checkbox"/> <b>Destroyed</b> ⇒ <i>Send any remaining pieces with this form.</i>		
• When was the loss discovered? <u>04/22/08</u>		
• Who had the bonds last, and why? <u>MY WIFE, TO REMOVE FROM MAILBOX</u>		
• Who had access to the bonds? <u>MARY M MILLER (MY WIFE)</u>		
• What was the result of your inquiry to the person(s) who had access? <u>SHE PUT INTO TRASH WITH JUNK MAIL</u>		
• Where were the bonds last placed? <u>IN TRASH</u>		
• When were the bonds last seen? <u>04/15/08</u>		
• Were any identification documents also lost or stolen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, please list them: _____		
• Have you received reimbursement because of the loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Please explain, including details of any court proceedings pending or contemplated. _____ _____		

<b>3. AUTHORITY – Provide details regarding your authority to complete a claim for the missing bonds.</b>	
<ul style="list-style-type: none"> <li>• Are you named on the bonds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b>, skip to Item 4. If <b>No</b>, provide the following information: Describe your authority: _____ <small>(Show authority: i.e., parent, guardian, conservator, legal representative, administrator, executor, etc.)</small></li> <li>• Are you court-appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If Yes, see "LEGAL REPRESENTATIVE" in the Instructions.)</small></li> </ul>	
<b>4. MINORS – Provide details regarding any minor named on the bonds. (See "MINORS" in the Instructions.)</b>	
<ul style="list-style-type: none"> <li>• Is there a minor named on the bonds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>No</b>, skip to Item 5. If <b>Yes</b>, fully complete the following:</li> <li>• What is the minor's :               <ul style="list-style-type: none"> <li>➢ Name? <u>MICHAEL M MILLER</u> ➢ DOB? <u>09/20/2001</u></li> <li>➢ Social Security Number? <u>123-45-6789</u></li> </ul> </li> <li>• What is your relationship to the minor? <u>FATHER</u></li> <li>• Does the minor live with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>No</b>, with whom? <u>MELODIE MILLER</u> <u>MOTHER</u> <small>(Name) (Relationship to Minor)</small> <u>123 2ND LANE N, SOMETOWN, IL 12345</u> <small>(Address)</small></li> <li>• Who provides the minor's chief support? <u>MELODIE MILLER</u> <u>MOTHER</u> <small>(Name) (Relationship to Minor)</small> <u>SAME AS ABOVE</u> <small>(Address)</small></li> <li>• Are both parents able to sign the application for relief? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b>, skip to Item 5. If <b>No</b>, fully complete the following:               <ul style="list-style-type: none"> <li>➢ Why are you unable to obtain the signature? _____</li> <li>➢ Did that parent have access to the bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>➢ Could that parent have possession of the bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> </ul>	
<b>5. RELIEF REQUESTED – Indicate whether substitute bonds or payment is desired. (See Item 5 in the Instructions.)</b>	
<ul style="list-style-type: none"> <li>• I/We hereby request: <input checked="" type="checkbox"/> Substitute Bonds <input type="checkbox"/> Payment by Check <input type="checkbox"/> Payment by Direct Deposit</li> <li>Name(s) in which check is to be drawn: _____ <small>(If bonds are in coownership form, see Item 5 in the Instructions.)</small></li> </ul>	
<b>6. DELIVERY INSTRUCTIONS – Complete only Item 6A or 6B.</b>	
<b>A. MAIL BONDS OR REDEMPTION CHECK TO:</b>	
<u>MELVIN M MILLER</u> <small>(Name)</small>	
<u>123 1ST AVE</u> <u>SOMETOWN</u> <u>IL</u> <u>13245</u> <small>(Number and Street, Rural Route, or PO Box) (City) (State) (ZIP Code)</small>	
<b>B. DIRECT DEPOSIT FUNDS AS AUTHORIZED BELOW:</b>	
_____ <small>(Name/Names on the Account)</small>	
_____ <small>(Depositor's Account No.)</small>	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing No. (nine digits): _____	
_____ <small>(Financial Institution's Name)</small>	_____ <small>(Phone No.)</small>

**7. SIGNATURES AND CERTIFICATION**

I/We severally petition the Secretary of the Treasury for relief as authorized by law and, if relief is granted, acknowledge that the original bonds become the property of the United States. Upon the granting of relief, I/we assign all our right, title, and interest in the original bonds to the United States and bind myself/ourselves, my/our heirs, executors, administrators, successors and assigns, jointly and severally: (1) to surrender the original bonds to the Department of the Treasury if they are recovered; (2) to hold the United States harmless due to any claim by any other parties having, or claiming to have, interests in these bonds; and (3) upon demand by the Department of the Treasury, to indemnify unconditionally the United States and repay to the Department of the Treasury all sums of money which the Department may pay due to the redemption of these original bonds, including any interest, administrative costs and penalties, and any other liability or losses incurred as a result of such redemption. I/We consent to the release of any information in this form or regarding the bonds described to any party having an ownership or entitlement interest in these bonds.

I/We certify, under penalty of perjury, and severally affirm and say that the bonds described on this form have been lost, stolen, or destroyed, and that the information given is true to the best of my/our knowledge and belief.

*You must wait until you are in the presence of a certifying officer to sign this form.*

Sign Here ⇒ Melvin Miller (Signature) MELVIN MILLER (Print Name)

Home Address 123 1ST AVE (Number and Street or Rural Route) 123-45-6789 (Social Security Number)

SOMETOWN (City) IL (State) 12345 (ZIP Code) 555-666-7777 (Daytime Telephone Number)

Check "Yes" to give us permission to contact you by e-mail or check "No" if you do not wish to be contacted by e-mail.  Yes  No

E-Mail Address \_\_\_\_\_

Sign Here ⇒ Melodie Miller (Signature) MELODIE MILLER (Print Name)

Home Address 123 2ND LANE N (Number and Street or Rural Route) 987-65-4321 (Social Security Number)

SOMETOWN (City) IL (State) 12345 (ZIP Code) 555-555-5555 (Daytime Telephone Number)

Check "Yes" to give us permission to contact you by e-mail or check "No" if you do not wish to be contacted by e-mail.  Yes  No

E-Mail Address \_\_\_\_\_

Sign Here ⇒ \_\_\_\_\_ (Signature) \_\_\_\_\_ (Print Name)

Home Address \_\_\_\_\_ (Number and Street or Rural Route) \_\_\_\_\_ (Social Security Number)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code) \_\_\_\_\_ (Daytime Telephone Number)

Check "Yes" to give us permission to contact you by e-mail or check "No" if you do not wish to be contacted by e-mail.  Yes  No

E-Mail Address \_\_\_\_\_

**Instructions to Certifying Officer:** 1. Name of person(s) who appeared and date of appearance **MUST** be completed.  
 2. Medallion stamps require an original signature. 3. Person(s) must sign in your presence.

I certify that MELVIN MILLER, whose identity is known or  
(Name of Person[s] Who Appeared)  
 was proven to me, personally appeared before me this 27 day of April 2008,  
(Month / Year)  
 at SOMETOWN, IL, and signed this form.  
(City / State)

(OFFICIAL STAMP OR SEAL)

Jane Doe - HEAD CASHIER  
(Signature and Title of Certifying Officer)  
BANK USA  
(Name of Financial Institution)  
123 MAIN ST  
(Address)  
SOMETOWN, IL 12345 123-456-7891  
(City / State / ZIP Code) (Telephone)

ACCEPTABLE CERTIFICATIONS:  
 Financial Institution's Official Seal or Stamp (such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). **Brokers must use a Medallion Stamp.**  
(Notary certification is NOT acceptable.)

I certify that MELODIE MILLER, whose identity is known or  
(Name of Person[s] Who Appeared)  
 was proven to me, personally appeared before me this 27 day of APRIL 2008,  
(Month / Year)  
 at SOMETOWN, IL, and signed this form.  
(City / State)

(OFFICIAL STAMP OR SEAL)

Jane Doe - HEAD CASHIER  
(Signature and Title of Certifying Officer)  
BANK USA  
(Name of Financial Institution)  
123 MAIN ST  
(Address)  
SOMETOWN, IL 12345 123-456-7891  
(City / State / ZIP Code) (Telephone)

ACCEPTABLE CERTIFICATIONS:  
 Financial Institution's Official Seal or Stamp (such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). **Brokers must use a Medallion Stamp.**  
(Notary certification is NOT acceptable.)

I certify that \_\_\_\_\_, whose identity is known or  
(Name of Person[s] Who Appeared)  
 was proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month / Year)  
 at \_\_\_\_\_, and signed this form.  
(City / State)

(OFFICIAL STAMP OR SEAL)

\_\_\_\_\_  
(Signature and Title of Certifying Officer)  
 \_\_\_\_\_  
(Name of Financial Institution)  
 \_\_\_\_\_  
(Address)  
 \_\_\_\_\_  
(City / State / ZIP Code) (Telephone)

ACCEPTABLE CERTIFICATIONS:  
 Financial Institution's Official Seal or Stamp (such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). **Brokers must use a Medallion Stamp.**  
(Notary certification is NOT acceptable.)

**RESERVED FOR IDENTIFICATION NOTATIONS**

Customer Account Number and Date Established: \_\_\_\_\_  Document(s) Description: \_\_\_\_\_

Identified by (Signature and Address): \_\_\_\_\_

**INSTRUCTIONS TO CERTIFYING OFFICER**

Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally known to you. Place an adequate notation above or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and, if you are an officer or employee of an organization, the organization will be held fully responsible for the adequacy of the identification.

The signatures to the form must be executed in your presence. Fully complete and sign the certification form provided for each signature you witness.

If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

**INSTRUCTIONS**

**PURPOSE OF FORM** – Use this form to apply for relief on account of the loss, theft, or destruction of United States Savings Bonds. "Bonds," as used on this form, refers to Savings Bonds, Savings Notes, Retirement Plan Bonds, or Individual Retirement Bonds.

**WHO MAY APPLY** – This form must be completed and signed by all persons named on the bonds, or by an authorized representative.

**ATTACHMENTS** – If you need more space for any item, attach either a plain sheet of paper, a photocopy of the relevant section, or, for Part 1, a PD F 3500 (available at <http://www.treasurydirect.gov/forms/sav3500.pdf>).

**PROOF OF DEATH** – If a registrant is deceased, you must submit with this form a certified copy of his or her official death certificate.

**LEGAL REPRESENTATIVE** – If you were appointed as legal representative because:

- the owner is deceased (with no surviving coowner or beneficiary named on the bonds), or
- the owner or coowner is a minor, or
- the owner or coowner is incapacitated,

complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal, showing the appointment is still in full force. If your name and official capacity are shown in the registration of the bonds, evidence of your appointment is **not** necessary.

If no legal representative has been appointed for a deceased or incompetent owner, advise the Bureau of the Public Debt and additional instructions will be provided.

**MINORS** – If a minor (who does not have a court-appointed guardian) is named on the bonds, the minor must complete and sign the form on his or her own behalf if, *in the opinion of the certifying officer*, he or she is of sufficient competency and understanding to comprehend the nature of the transaction. Otherwise, the form must be signed by both parents on the minor's behalf. If the minor does not reside with either parent, the form must be completed and signed by the person who furnishes the minor's chief support.

**SOMEONE ELSE HAD THE BONDS** – If another person had possession of the bonds or knowledge of the circumstances of the loss, that person must provide a separate statement explaining the circumstances.

**AMOUNT OF BONDS EXCEEDS \$5,000** – If the amount of the bonds involved exceeds \$5,000 and an investigation was made by a law enforcement agency or an insurance, transportation, or similar business organization, provide a copy of the report.

**COMPLETION OF FORM** – Print clearly in ink or type all information requested.

<b>ITEM 1.</b> Describe the missing bonds. If you don't know the bond serial numbers, indicate the total number of missing bonds and provide as much of the requested identifying information as possible. If you need more space, attach either a PD F 3500 (available at <a href="http://www.treasurydirect.gov/forms/sav3500.pdf">http://www.treasurydirect.gov/forms/sav3500.pdf</a> ), a plain sheet of paper, or a photocopy.
<b>ITEM 2.</b> Mark the appropriate boxes and provide complete details of the loss, theft, or destruction.
<b>ITEM 3.</b> Provide details regarding your authority to complete a claim for the missing bonds. If you have been court-appointed, see "LEGAL REPRESENTATIVE" above.
<b>ITEM 4.</b> Complete this item if a minor is named on the bonds and he or she is not of sufficient competency and understanding to complete the form on his or her own behalf. Provide the minor's name, date of birth, Social Security Number, and all other requested information. See "MINORS" above for more information.

**ITEM 5.** Indicate whether you want substitute bonds, payment by check, or payment by direct deposit. If you select "payment by check" and the bonds are in the names of living coowners, provide the name of the coowner to whom the check should be issued. Otherwise, if both coowners sign the form, the check will be issued to both coowners and interest will be reported under the first-named coowner's Social Security Number. Complete Item 6A to provide delivery instructions for the bonds or check. Complete Item 6B if payment by direct deposit is preferred.

**NOTE:** Series EE and Series I bonds issued February 2003 and later are not eligible for payment until one full year after issue, if payment is requested and such bonds are less than one year old, substitute bonds will be issued instead. Also, if substitute bonds are requested and a bond is within less than one full calendar month of reaching its final maturity, or has reached final maturity, payment will be made instead.

**ITEM 6.** Complete Item 6A to provide mailing instructions for the bonds or redemption check or complete Item 6B to provide instructions for direct deposit of the redemption payment.

**ITEM 7.** Each person whose signature is required must sign the form in ink, print his or her name, and provide his or her home address, Social Security Number, daytime telephone number, and, if applicable, e-mail address. Each signature must be certified (see "CERTIFICATION" below).

**CERTIFICATION** – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp, which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

**WHERE TO SEND** – Send the application and any additional information to the Department of the Treasury, Bureau of the Public Debt, using the address listed below that is appropriate to the type of security involved:

- HH or H savings bonds – PO Box 2186, Parkersburg, WV 26106-2186
- E, EE, or I savings bonds – PO Box 7012, Parkersburg, WV 26106-7012

**For Bond-Related Inquiries:**

- Email: SavBonds@bpd.treas.gov
- Phone: 304-480-7711
- Fax: 304-480-6010

**NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains, as otherwise authorized by law or regulation.

We estimate it will take you about 20 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the appropriate address shown in "WHERE TO SEND" in the Instructions.**



**PART B – DISTRIBUTION OF SECURITIES AND PAYMENTS** *(Continued)*

I/We request that the securities and/or related payments be distributed as follows:

**1. Distribute to:** \_\_\_\_\_  
(Name)

\_\_\_\_\_ **OR** \_\_\_\_\_  
(Social Security Number) (Employer Identification Number)

\_\_\_\_\_  
(Address and Telephone Number)

**2. Description of securities and/or related payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Extent of distribution:**  In full  
 \_\_\_\_\_ (Amount, Fractional Share, or Percentage)

I/We request that the securities and/or related payments be distributed as follows:

**1. Distribute to:** \_\_\_\_\_  
(Name)

\_\_\_\_\_ **OR** \_\_\_\_\_  
(Social Security Number) (Employer Identification Number)

\_\_\_\_\_  
(Address and Telephone Number)

**2. Description of securities and/or related payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Extent of distribution:**  In full  
 \_\_\_\_\_ (Amount, Fractional Share, or Percentage)

**PART C - SIGNATURES AND CERTIFICATIONS**

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief, and agree to distribution of the securities as indicated in Part B. I/We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, and to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this form, to any party having an ownership or entitlement interest in the securities or payments.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: John Smith  
(Signature)

**Executor Under Will of Richard Z Hall, Deceased**  
(Applicant's Title)

**23 Summer Place**      **Coleman**      **TX**      **76384**  
(Number and Street, Rural Route, or PO Box)      (City)      (State)      (ZIP Code)

**555-123-4567**      **john@smith.com**  
(Daytime Telephone Number)      (E-Mail Address)

**Instructions to Certifying Officer:**

1. Name of person(s) who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person(s) must sign in your presence.

I CERTIFY that JOHN SMITH, whose identity is known or  
(Name of Person Who Appeared)

proven to me, personally appeared before me this 25 day of JUNE 2010,  
(Month/Year)

at COLEMAN, TX, and signed this form.  
(City, State)

(OFFICIAL STAMP OR SEAL)

Jane Doe, AVP  
(Signature and Title of Certifying Officer)

BANK USA  
(Name of Financial Institution)

123 MAIN ST  
(Address)

COLEMAN, TX 76384  
(City, State, ZIP Code)

555-321-9876  
(Telephone)

ACCEPTABLE CERTIFICATIONS:  
Financial Institution's Official Seal or Stamp (such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). Brokers must use a Medallion Stamp.

**You must wait until you are in the presence of a certifying officer to sign this form.**

---

**Sign Here:** \_\_\_\_\_  
(Signature)

\_\_\_\_\_

(Applicant's Title)

\_\_\_\_\_

(Number and Street, Rural Route, or PO Box)      (City)      (State)      (ZIP Code)

\_\_\_\_\_

(Daytime Telephone Number)      (E-Mail Address)

---

**Instructions to Certifying Officer:**

1. Name of person(s) who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person(s) must sign in your presence.

---

I CERTIFY that \_\_\_\_\_, whose identity is known or  
(Name of Person Who Appeared)

proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month/Year)

at \_\_\_\_\_, and signed this form.  
(City/State)

\_\_\_\_\_

(Signature and Title of Certifying Officer)

\_\_\_\_\_

(Name of Financial Institution)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(City, State, ZIP Code)

\_\_\_\_\_

(Telephone)

**INSTRUCTIONS**

**USE OF FORM** – One or more fiduciaries (individual or corporate) must use this form to establish entitlement and request distribution of United States Treasury Securities and/or related payments to the person lawfully entitled due to termination of a trust, distribution of an estate, attainment of majority, restoration to competency, or other reason.

If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form.

**PART A – REASON FOR DISTRIBUTION**

Mark a box to show the reason for the distribution. If you mark "Other," describe the reason.

**Submit a copy of all evidence that establishes your authority to request this transaction. For example, if you are the administrator or executor of an estate, provide a certified copy of your letters of appointment, dated within one year of submission. Submit certified copies of death certificates for all deceased registrants.**

PART B – DISTRIBUTION OF SECURITIES AND PAYMENTS				
Complete Items 1 through 3.				
<p>1. Enter the name of only one distributee in each Part B, Item 1. (A separate Part B must be completed for each distributee.) Enter the appropriate Social Security Number or Employer Identification Number.</p> <p>2. Describe only the securities and/or checks which the person shown in Item 1 is to receive, in whole or in part:</p> <ul style="list-style-type: none"> <li>• TITLE OF SECURITY – Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate. If describing a check, insert the word "check."</li> <li>• ISSUE DATE – Provide the issue date of each security or check.</li> <li>• FACE AMOUNT – Provide the face amount (par or denomination) of each security or check.</li> <li>• IDENTIFYING NUMBER (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.</li> <li>• REGISTRATION – Provide the registration of each security, check, or account; also provide the account number, if any.</li> </ul>				
<b>EXAMPLES:</b>				
TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
<i>Paper Marketable Security</i> 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	Serial # 123	JOHN DOE AND JANE DOE SSN 222-22-2222
<i>Electronic Marketable Security</i> CUSIP 912795QW4	2/5/04	\$1,000		ACCT # 4800-123-1234 JOHN DOE SSN 222-22-2222
<i>Electronic Series I Savings Bond</i> SERIES I	1/1/02	\$100	Confirmation # 12345	ACCT # N-111-111-111 JOHN DOE
<i>Paper Series EE Savings Bond</i> SERIES EE	7/99	\$100	Serial # C-123,456,789-EE	SSN 222-22-2222 JOHN DOE OR JANE DOE
<i>Check</i> CHECK	7/26/04	\$351.02	Check # 502123456	JOHN DOE
<i>If unsure what to provide in each of the areas, furnish all identifying information in the space for REGISTRATION.</i>				
<p>3. Mark the box "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks described in Item 2. If the person listed in Item 1 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he/she is to receive.</p> <p>In most cases, we will need additional forms and/or information from the distributee. If so, we may contact the distributee directly. If the transaction can be processed without additional forms or information from the distributee, we will send the securities and/or payments directly to the distributee.</p> <p>Note: If the distributee wants payment of eligible paper securities and the securities are:</p> <ul style="list-style-type: none"> <li>• Savings bonds or notes, he/she must complete the request on the reverse of the bond.</li> <li>• Marketable securities, the fiduciary must complete the assignment on the reverse of the security. The distributee must complete IRS Form W-9.</li> </ul> <p>Any interest that is or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.</p>				

PART C – SIGNATURES AND CERTIFICATIONS	
<p><b>SIGNATURES</b> – The form must be signed in ink. Sign the form in your fiduciary capacity. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.</p> <p><b>CERTIFICATION</b> – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.</p>	
<p><b>Sample certification for a financial institution:</b></p> <p>SIGNATURE GUARANTEED                      ABC National Bank                      Hillview Branch</p> <hr/> <p>Authorized Signature</p>	<p><b>Acceptable certification for a brokerage:</b></p> <p>SIGNATURE GUARANTEED                      MEDALLION GUARANTEED                      Generic Brokerage</p> <hr/> <p>Authorized Signature                      XXXXXXXX                      SECURITIES TRANSFER AGENTS MEDALLION PROGRAM                      [Bar Code]</p>

**ADDITIONAL EVIDENCE** – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence.

**RETURN OF EVIDENCE** – If you want the evidence submitted with this form returned to you, please provide a written request when you submit the form and evidence.

**WHERE TO SEND** – Unless otherwise instructed in accompanying correspondence, send to the Department of the Treasury, Bureau of the Public Debt, using the appropriate address below:

- Series H or Series HH savings bonds – PO Box 2186, Parkersburg, WV 26106-2186
- Definitive (paper) savings bonds – PO Box 7012, Parkersburg, WV 26106-7012
- Book-entry savings bonds and marketable securities held in TreasuryDirect – PO Box 7015, Parkersburg, WV 26106-7015
- Marketable securities held in Legacy Treasury Direct – PO Box 426, Parkersburg, WV 26106-0426
- Definitive (paper) marketable securities – PO Box 426, Parkersburg, WV 26106-0426

**NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the appropriate address shown in "WHERE TO SEND" in the Instructions.**

For official use only: Customer Name _____	Customer No. _____
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PD F 1522 E  
 Department of the Treasury  
 Bureau of the Public Debt  
 (Revised July 2011)

SPECIAL FORM OF REQUEST FOR PAYMENT OF  
 UNITED STATES SAVINGS AND RETIREMENT  
 SECURITIES WHERE USE OF A DETACHED  
 REQUEST IS AUTHORIZED

OMB No. 1535-0004

FOR OFFICIAL USE ONLY  
 TRANSFER MONTH & YEAR \_\_\_\_/\_\_\_\_  
 FISCAL AGENT CODE \_\_\_\_\_

Visit us on the Web at  
[www.treasurydirect.gov](http://www.treasurydirect.gov)

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.  
 PRINT IN INK OR TYPE ALL INFORMATION

**1. DESCRIPTION OF BONDS**  
 I am the owner or person entitled to payment of the securities described below, which bear the name(s) of \_\_\_\_\_  
Denise Doe

ISSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER
02/84	C430601301EE				

(If you need more space, attach either a PD F 3500, a plain sheet of paper, or a photocopy.)

**2. REQUEST FOR PAYMENT**

I request that the described bonds be redeemed and payment be made in the form of  a check.  direct deposit.

To the extent of: \_\_\_\_\_  
*(Complete this line only if partial redemption and reissue of the remainder is desired or if the signer is entitled only to a portion of the bonds listed. See Item 2 in the Instructions.)*

\_\_\_\_\_  
 (Social Security Number of Payee)      OR      \_\_\_\_\_  
 (Employer Identification Number of Payee)

**3. DELIVERY INSTRUCTIONS** *(Read Item 3 in the Instructions before completing this section and complete only Item 3A or 3B.)*

A. Please mail my redemption check to:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Number and Street, Rural Route, or P.O. Box)      \_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (ZIP Code)

B. Please deposit my funds directly, as authorized below:

Denise Doe  
(Name/Names on the Account)

\_\_\_\_\_  
 (Depositor's Account No.)      Type of Account:  Checking     Savings

Bank Routing No.: \_\_\_\_\_ 219063220

Bank USA      \_\_\_\_\_  
 (Financial Institution's Name)      (666) 222-5555  
 (Phone No.)

**4. SIGNATURE**

*You must wait until you are in the presence of a certifying officer to sign this form.*

Sign Here: _____ <small>(Signature)</small>	Denise Doe <small>(Print Name)</small>
Home Address _____ <small>(Number and Street, Rural Route, or P.O. Box)</small>	Denise@Doe.net <small>(E-mail Address)</small>
Sometown IL 12345 <small>(City) (State) (ZIP Code)</small>	666-123-4567 <small>(Daytime Telephone Number)</small>

Sign Here: _____ <small>(Signature)</small>	_____ <small>(Print Name)</small>
Home Address _____ <small>(Number and Street, Rural Route, or P.O. Box)</small>	_____ <small>(E-mail Address)</small>
_____ <small>(City) (State) (ZIP Code)</small>	_____ <small>(Daytime Telephone Number)</small>

Instructions to Certifying Officer:  
 1. Name of person who appeared and date of appearance **MUST** be completed.  
 2. Medallion stamps require an original signature.  
 3. Person(s) must sign in your presence.  
 4. Complete "RESERVED FOR IDENTIFICATION NOTATIONS" on next page and read the instructions that follow it.

I CERTIFY that DENISE DOE, whose identity is known or was  
(Name of Person Who Appeared)

proven to me, personally appeared before me this 10 day of JULY 2011,  
(Month/Year)

at SOMETOWN, IL, and signed this form.  
(City/State)

Jane Smith, AVP  
(Signature and Title of Certifying Officer)

BANK USA  
(Name of Financial Institution)

55 1st STREET  
(Address)

(Notary certification is NOT acceptable.) SOMETOWN, IL 12345 111-222-3333  
(City / State / ZIP Code) (Telephone)

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
(Name of Person Who Appeared)

proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month/Year)

at \_\_\_\_\_, and signed this form.  
(City/State)

\_\_\_\_\_  
(Signature and Title of Certifying Officer)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address)

(Notary certification is NOT acceptable.) \_\_\_\_\_  
(City / State / ZIP Code) (Telephone)

RESERVED FOR IDENTIFICATION NOTATIONS

Customer Account Number and Date Established: 987654321, 3/78  Document(s) - Description: \_\_\_\_\_  
 Identified by (Signature and Address): \_\_\_\_\_

INSTRUCTIONS TO CERTIFYING OFFICER

Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally known to you. Place an adequate notation above or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and the organization will be held fully responsible for the adequacy of the identification.  
The signatures to the request must be executed in your presence. Fully complete and sign the certification form provided for your use for each signature you witness.  
If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

INSTRUCTIONS

**USE OF FORM** – Use this form to request payment of United States Savings Bonds, Savings Notes, Retirement Plan Bonds, and Individual Retirement Bonds.

**WHO MAY COMPLETE** – This form may be completed by the owner, coowner, surviving beneficiary, or legal representative of the estate of a deceased or incompetent owner, persons entitled to the estate of a deceased registrant, or such other persons who may be entitled to payment under the regulations governing United States Savings Bonds. A minor may sign this form if, in the opinion of the certifying officer, he or she is of sufficient competency to understand the nature of the transaction. (See "CERTIFICATION" below.) An incompetent person may not sign this form.

**COMPLETION OF FORM** – Print clearly in ink or type all information requested.

**ITEM 1. DESCRIPTION OF BONDS** – Provide the name(s) of the person(s) shown in the inscription of the bonds for which payment is requested. Describe the bonds by issue date and serial number. If you need more space, attach either a PD F 3500, a plain sheet of paper, or a photocopy.

**ITEM 2. REQUEST FOR PAYMENT**

- Mark the appropriate box to indicate whether you want to be paid by check or direct deposit.
- If the signer is entitled to a distributive share of the listed bonds or if partial redemption of bonds and reissue of the remainder is desired, that fact must be shown on the line provided. Check the box "to the extent of" and insert "\$ \_\_\_\_\_ (face amount) and reissue of the remainder." If such bonds have not reached final maturity, partial redemption at the current redemption value will be made in amounts corresponding to authorized denominations and the remainder will be reissued showing the original issue date(s). If such bonds have reached final maturity, partial redemption is not permitted and, in this event, full payment will be made.
- The payee's Taxpayer Identification Number **must** be provided. Furnish the Social Security Number if the payee is an individual. If an estate is involved and IRS has assigned an Employer Identification Number, provide that number.
- *Please verify account information for accuracy and legibility to avoid a delay in deposit.*

**ITEM 3. DELIVERY INSTRUCTIONS**

- If payment is to be made by check, furnish in Item 3A the name and address where the check is to be mailed.
- For payment by direct deposit, complete Item 3B. Furnish the name(s) on the account, the account number, the type of account, and the financial institution's name, the routing/transit number which identifies the institution, and the institution's phone number. You may need to contact the financial institution to obtain the routing number.

**ITEM 4. SIGNATURE** – The person(s) requesting payment of the bonds must sign the form in ink, print his or her name, and provide his or her address, daytime telephone number, and if applicable, e-mail address. If the name of a person requesting payment has been changed by marriage or in any other legal manner from the name in the inscription of the bonds, the signature to the request for payment must show both names and the manner in which the change was made; for example, "Miss Mary T. Jones now by marriage Mrs. Mary T. Smith." (See "CERTIFICATION" below.)

**CERTIFICATION** – The person(s) requesting payment of the bonds must appear before and establish identification to the satisfaction of an officer authorized to certify requests for payment of United States Savings Bonds and sign the request in the presence of the officer. If a minor signs the forms, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530 and Public Debt Series Nos. 3-80 and 2-98.

**WHERE TO SEND** – Send this form and the bonds, as well as any other appropriate forms and evidence, to:

Treasury Retail Securities Site  
PO Box 214  
Minneapolis, MN 55480-0214  
800-553-2663

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**NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT**

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The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND a completed form to this address; send to the address in "WHERE TO SEND" in the instructions.**

For official use only: Customer Name _____	Customer No. _____
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PD F 1849 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised March 2008)

**DISCLAIMER AND CONSENT WITH RESPECT TO  
UNITED STATES TREASURY SECURITIES**

OMB No. 1535-0113

**1. DESCRIPTION OF SECURITIES**

TITLE OF SECURITY	ISSUE DATE	FACE/PAR AMOUNT	BOND NO. OR ACCOUNT NO.	REGISTRATION
PAPER SERIES I BOND	12/01/06	\$1,000	M432621944	123-45-6789
				LESTER L LEWIS
				123 1ST ST, MAINTOWN, FL 32960
				OR KATHERINE K KELLY

*(If more space is needed, use the continuation sheet on page 2.)*

**2. DISCLAIMER AND CONSENT**

I disclaim all my right, title, and interest in and to the securities described on this form and consent to the payment, refund of purchase price, transfer, reissue, or other disposition of them by:

KATHERINE K KALINE \_\_\_\_\_  
(Name)

321 MAIN ST, COLUMBO, OH 67890 \_\_\_\_\_  
(Address)

My disclaimer and consent are given for the following reason(s):

THE INTENDED CO-OWNER WAS KATHERINE K KALINE  
\_\_\_\_\_  
\_\_\_\_\_

**3. SIGNATURE AND CERTIFICATION**

*You must wait until you are in the presence of a certifying officer to sign this form.*

Sign Here: → <u>Katherine K Kelly</u> <small>(Signature of Owner)</small>	KATHERINE K KELLY <small>(Printed Name)</small>
321 2ND AVENUE, SOMETOWN, FL 32861 <small>(Address)</small>	
134-11-6789 <small>(Social Security Number)</small>	
<small>(Daytime Telephone Number)</small>	<small>(E-Mail Address, if Applicable)</small>

**Certifying Officer - The individual must sign in your presence. You must complete the certification and affix your stamp or seal.**

I CERTIFY that <u>Katherine K Kelly</u>	whose identity is known or was
proven to me, personally appeared before me this <u>5</u> day of <u>January</u> , <u>2008</u>	<small>(Month) (Year)</small>
at <u>Sometown</u> , <u>FL</u>	and signed this form.
<small>(City) (State)</small>	<u>Jane Doe AUP</u> <small>(Signature and title of certifying officer)</small>
<b>(OFFICIAL STAMP OR SEAL)</b>	<u>One Bank</u> <u>55 Main St</u> <small>(Number and Street or Rural Route)</small>
	<u>Sometown</u> <u>FL</u> <u>32862</u> <small>(City) (State) (ZIP Code)</small>

**Continuation of description of securities in Item 1:**

TITLE OF SECURITY	ISSUE DATE	FACE/PAR AMOUNT	BOND NO. OR ACCOUNT NO.	REGISTRATION

*(If more space is needed, use a continuation sheet and attach it to the form.)*

**INSTRUCTIONS**

**USE OF FORM** – Use this form to disclaim your right, title, and interest to United States Treasury Securities and consent to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person.

- A minor or person under legal disability may **not** complete this form.

**ATTACHMENTS** – If more space is needed for any item, use a plain sheet of paper and attach to the form.

**COMPLETION OF FORM** – Print clearly in ink or type all information requested.

**ITEM 1.** Describe the securities.

**ITEM 2.** Show the name and address of the person to whom you are conveying your interest in the securities. Give the reason(s) you are disclaiming your right, title, and interest in the securities and consenting to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person.

**ITEM 3.** You must sign the form in ink, print your name, and provide your home address, social security number, daytime telephone number, and, if applicable, e-mail address. Your signature must be certified (see **CERTIFICATION** below).

**CERTIFICATION** – You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the officer's presence. The certifying officer must fully complete the certification form provided and affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, or Public Debt Series, Nos. 3-80 and 2-98.

**WHERE TO SEND** – Unless otherwise instructed in accompanying correspondence, send the completed form and the securities, if any, as well as any other evidence and forms to the Department of the Treasury, Bureau of the Public Debt, using the addresses listed below:

- **Definitive (paper) savings bonds** – PO Box 7012, Parkersburg, WV 26106-7012.
- **Marketable securities** – PO Box 426, Parkersburg, WV 26106-0426.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary, however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to address shown in "WHERE TO SEND" above.**

For official use only: Customer Name	Customer No.
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PD F 1851 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised February 2011)

**REQUEST TO REISSUE UNITED STATES  
SAVINGS BONDS TO A PERSONAL TRUST**

OMB No. 1535-0009

Visit us on the Web at [www.treasurydirect.gov](http://www.treasurydirect.gov)

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

**PRINT IN INK OR TYPE ALL INFORMATION**

**1. DESCRIPTION OF BONDS** (Note: Savings bonds within one month of final maturity cannot be reissued.)  
I/We request reissue of the bonds described below, in the amount of \$ 2,000 (face amount).

ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRATION <small>(Provide complete Social Security Number [for example, 123-45-6789] and names, including middle names or initials, on the bonds)</small>
02/97	1,000	M293172943EE	987-56-4321 Earl Wilson 4357 Hampton LN Dunkirk KY 14048 OR Judy Wilson
02/97	1,000	M293172944EE	

*(If more space is needed, use a continuation sheet and attach it to this form.)*

**2. TRUST INFORMATION**

- Taxpayer Identification Number assigned to the trust: 12-3456789
- \*Grantor's name: Earl Wilson and Judy Wilson
- \*Trustee's name: Earl Wilson and Judy Wilson
- Date the trust was created: March 27, 2002
- Name(s) of Beneficiary(ies), if an FBO trust: Bill Wilson and Sissy Wilson

*\* If more than one grantor or trustee, list all.*

**3. NEW BOND INSCRIPTION**

TAXPAYER IDENTIFICATION NUMBER: _____ <small>(Social Security Number assigned to trust)</small>	<b>OR</b>	<u>12-3456789</u> <small>(Employer Identification Number assigned to trust)</small>
<b>REGISTRATION:</b> <u>Earl Wilson and Judy Wilson CO-TR</u>		
<u>U/D/T DTD 3-27-02</u>		
<b>ADDRESS:</b> <u>123 Hampton LN</u> <u>Dunkirk</u> <u>KY</u> <u>14048</u>		
<small>(Number and Street, Rural Route and Box, or PO Box)</small>		<small>(City)</small> <small>(State)</small> <small>(ZIP Code)</small>

**Delivery Instructions (if different from that shown above):**

_____ <small>(Name of Individual or Institution)</small>
_____ <small>(Number and Street, Rural Route and Box, or PO Box)</small> <small>(City)</small> <small>(State)</small> <small>(ZIP Code)</small>



6. SIGNATURES	
<p>Under penalty of perjury, I, the undersigned grantor (creator) of the trust, certify that the above Taxpayer Identification Number assigned to the trust is correct. If Series HH bonds are involved, I certify that I am not subject to backup withholding either (i) because I have not been notified that I am subject to backup withholding (as a result of a failure to report all interest or dividends), or (ii) because I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding. I further certify that the trust estate is not subject to backup withholding for one of the preceding reasons. If the trust was created by some person other than the owner or coowners, the trustee must furnish an IRS Form W-9. (See "ADDITIONAL REQUIREMENTS FOR REISSUE OF SERIES HH BONDS" in the instructions.)</p>	
<p><i>You must wait until you are in the presence of a certifying officer to sign this form.</i></p>	
<p>Sign Here: ⇒ <u>Earl Wilson</u> <small>(Signature of Owner or Principal Coowner)</small></p>	<p><u>Earl Wilson</u> <small>(Print Name)</small></p>
<p>Home Address: <u>4357 Hampton LN</u> <small>(Number and Street, Rural Route and Box, or PO Box)</small></p> <p><u>Dunkirk KY 14048</u> <small>(City) (State) (ZIP Code)</small></p>	<p><u>987-65-4321</u> <small>(Social Security Number)</small></p> <p><u>555-222-3333</u> <small>(Daytime Telephone Number)</small></p>
<p>Sign Here: ⇒ <u>Judy Wilson</u> <small>(Signature of Coowner or Beneficiary)</small></p>	<p><u>Judy Wilson</u> <small>(Print Name)</small></p>
<p>Home Address: <u>4357 Hampton LN</u> <small>(Number and Street, Rural Route and Box, or PO Box)</small></p> <p><u>Dunkirk KY 14048</u> <small>(City) (State) (ZIP Code)</small></p>	<p><u>999-88-7777</u> <small>(Social Security Number)</small></p> <p><u>555-222-3333</u> <small>(Daytime Telephone Number)</small></p>
<p>Instructions to Certifying Officer:</p> <ol style="list-style-type: none"> <li>1. Name of person(s) who appeared and date of appearance <b>MUST</b> be completed.</li> <li>2. Medallion stamps require an original signature.</li> <li>3. Person(s) must sign in your presence. <b>NOTE:</b> To certify a second signature, use the next page.</li> </ol>	
<p>I CERTIFY that <u>EARL WILSON</u>, whose identity is known or was <small>(Name of Person Who Appeared)</small></p> <p>proven to me, personally appeared before me this <u>27</u> day of <u>December 2011</u>, <small>(Month / Year)</small></p> <p>at <u>DUNKIRK KY</u>, and signed this form. <small>(City / State)</small></p>	
<p>(OFFICIAL STAMP OR SEAL)</p>	<p><u>Jane Doe, AVP</u> <small>(Signature and Title of Certifying Officer)</small></p> <p><u>BANK USA</u> <small>(Name of Financial Institution)</small></p> <p><u>123 MAIN ST</u> <small>(Address)</small></p> <p><u>DUNKIRK KY 14048</u> <small>(City / State / ZIP Code)</small></p> <p><u>111-222-3333</u> <small>(Telephone)</small></p>
<p>ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.</p> <p><small>(Notary certification is NOT acceptable.)</small></p>	

I CERTIFY that JUDY WILSON, whose identity is known or was  
(Name of Person Who Appeared)

proven to me, personally appeared before me this 27 day of DECEMBER 2011,  
(Month / Year)

at DUNKIRK KY, and signed this form.  
(City / State)

(OFFICIAL STAMP  
OR SEAL)

Jane Doe, AVP  
(Signature and Title of Certifying Officer)

BANK USA  
(Name of Financial Institution)

123 MAIN ST  
(Address)

DUNKIRK, KY 4048  
(City / State / ZIP Code)

111-222-3333  
(Telephone)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.

(Notary certification is NOT acceptable.)

**INSTRUCTIONS**

**USE OF FORM** – Complete this form to reissue United States Savings Bonds to a personal trust created by:

- a. The owner, both coowners, or either coowner
- b. Some other person, provided the owner or a coowner is a beneficiary of the trust
- c. For Series EE bonds or Series HH bonds, some other person, provided a beneficiary of the trust is related by blood (including legal adoption) or marriage to the owner or a coowner

"Personal trust" as used in this form is a trust established by natural persons in their own right for the benefit of themselves or other natural persons in whole or in part, and common trust funds comprised in whole or in part of such estates. A bank, trust company, or other financial institution, appointed as trustee of a personal trust, should submit PD F 1455 with this form if the bonds are to be reissued in its name as trustee of its common trust fund.

This form should not be completed by a person under any legal disability, except for a minor of sufficient competency to sign the request and to understand the nature of the transaction.

**COMPLETION OF FORM** – Print clearly in ink or type all information requested. *If more space is needed for any item, use a plain sheet of paper and attach it to this form.*

**ITEM 1. DESCRIPTION OF BONDS** – Fill in the total face amount of the bonds for which reissue is being requested. Fully describe the bonds in their present form of registration.

**ITEM 2. TRUST INFORMATION** – Provide the Taxpayer Identification Number assigned to the trust, the name of the grantor, the name of the trustee, the date the trust was created, and the name of any beneficiary of the trust (if the trust is an FBO trust). If more than one grantor or trustee, list all. This information will be used to ensure that the new bond inscription contains all appropriate information required by the governing regulations.

**ITEM 3. NEW BOND INSCRIPTION**

- Provide the Social Security Number or Employer Identification Number assigned to the trust.
- Show the name of the trustee, the name of the grantor, and the date the trust was created. If more than one trustee or grantor, list all. Show the name of any beneficiary(ies) of the trust (if the trust is an FBO trust). (Sample Registrations: "Tenth National Bank, trustee under agreement with Paul E. White, dated 2/1/02"; "Carl A. Black and Henry B. Green, trustees under agreement with Paul E. White, dated 2/1/02"; or "Paul E. White, trustee under declaration of trust dated 2/1/02 FBO Henry B. Green.")
- Show the mailing address for the trust. The bonds will be delivered to this address unless you provide different mailing instructions under "Delivery Instructions."
- Insert delivery instructions, if you don't want the bonds mailed to the address shown for the trust. Provide the name and address of the person or institution you want to receive them.

**ITEM 4. TAX LIABILITY NOTICE** – Carefully read this section before completing Item 5.

**ITEM 5. TAX LIABILITY STATEMENT** – After reading Item 4, "TAX LIABILITY NOTICE," you must mark box "a" or "b" in Item 5. Mark box "a" if you will be treated as the owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being reissued. Mark box "b" if you will NOT be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being reissued. "Interest" includes tax-deferred interest represented by tax legends on Series HH bonds, as well as interest earned on Series EE or Series I bonds from the issue date until the date of reissue.

**ITEM 6. SIGNATURES** – The completed form must be signed by the owner or both coowners. If any person whose signature is required is deceased, submit proof of his or her death, in the form of a certified copy of the death certificate.

Each person whose signature is required must sign the form in ink, print his or her name, and provide his or her home address, Social Security Number, and daytime telephone number. Each signature must be certified (see "CERTIFICATION" below).

**CERTIFICATION** – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp, which is used when certifying requests for payment. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a list of such officers, see Department of the Treasury Circulars, No 530, and Public Debt Series, Nos. 3-80 and 2-98.

**ADDITIONAL REQUIREMENTS FOR REISSUE OF SERIES HH BONDS:**

- If a grantor (creator) of the trust who signs this form has been notified by the Internal Revenue Service (IRS) that he or she is subject to backup withholding or if the IRS has notified appropriate persons that the trust estate is subject to backup withholding, the applicable statements immediately above the signature line to the effect that the owner, principal coowner, or trust is not subject to backup withholding should be crossed out. If the trust was created by some person other than the owner or coowners, the trustee must complete an IRS Form W-9 and submit it with this request for reissue. Forms W-9 are available at financial institutions in the United States and Internal Revenue Offices. These forms can also be found on the IRS website at [www.irs.gov](http://www.irs.gov).
- The furnishing of direct deposit information is a condition of reissue of Series HH bonds bearing issue dates of October 1989 and thereafter. A direct deposit form, PD F 5396 or SF 1199A, must be completed for Series HH bonds dated October 1989 and thereafter which are submitted for reissue. The direct deposit form must be completed by a trustee providing the appropriate information for direct deposit of the semiannual interest payments. Forms SF 1199A are available at financial institutions in the United States. PD F 5396 is available for download on the Internet using the "Forms" link at [www.treasurydirect.gov](http://www.treasurydirect.gov). The financial institution designated to receive the payment can assist in the completion of the direct deposit form.

**ADDITIONAL EVIDENCE** – We reserve the right in any particular case to require the submission of additional evidence.

**WHERE TO SEND** – Send the PD F 1851 and the bonds, as well as any other appropriate forms and evidence, to the Department of the Treasury, Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26106-7012.

**NOTICE OF PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the address shown in "WHERE TO SEND" in the instructions.**

For official use only: Customer Name	Customer No.
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PD F 1980 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised August 2011)

**CHANGE OF ADDRESS AND/OR IDENTIFICATION OF ACCOUNT  
FOR UNITED STATES REGISTERED SECURITIES**

OMB No. 1535-0064

**1. PURPOSE OF FORM:** I am the owner of the registered securities listed below and I am:

- Notifying you of my change of address.       Describing holdings for identification of accounts.

**2. DESCRIPTION OF SECURITIES:**

TITLE OF SECURITY <small>(Identify securities by series, interest rate, type, call and maturity dates, as appropriate)</small>	FACE AMOUNT <small>(Denomination)</small>	SERIAL NUMBER	INSCRIPTION <small>(Exact inscription shown on the face of each security)</small>
Series HH	5000	V44757411	Sam Smith POD Sue Smith

**3. TAXPAYER IDENTIFICATION NUMBER(S):** (See the Instructions.)

123-45-6789 <small>(Social Security Number)</small>	Sam Smith <small>(Name to which number assigned)</small>
_____ <small>(Social Security Number)</small>	_____ <small>(Name to which number assigned)</small>
_____ <small>(Employer Identification Number)</small>	_____ <small>(Name to which number assigned)</small>

**4. CHANGE OF ADDRESS INFORMATION:**

**Former address:**

Sam Smith  
(Name)

123 1st Ave      Sometown      MD      12345  
(Number and street, rural route, or PO box)      (City)      (State)      (ZIP Code)

**New address:**

Sam Smith  
(Name)

234 2nd Ave      Sometown      MD      12345  
(Number and street, rural route, or PO box)      (City)      (State)      (ZIP Code)

**5. SIGNATURE AND CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER:**

Under penalty of perjury, I certify that:

1. The taxpayer identification number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **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 a failure to report all interest or dividends, or (c) I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**(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 dividends on your tax return.)**

*The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

**Sign Here:** ⇒ Sam Smith      123-456-7891  
(Signature of registered owner, representative, or fiduciary)      (Daytime Telephone No.)

INSTRUCTIONS

**USE OF FORM** – Use this form to give notice of a change of address or to describe holdings for identification of your account(s). Use this form for Series HH or Series H savings bonds and/or registered Treasury bonds and notes in definitive (paper) form.

**WHO MAY COMPLETE THE FORM** – The form must be completed by the registered owner or his or her representative.

**COMPLETION OF FORM**

- **ITEM 1.** Check the appropriate box to indicate the purpose of the form.
- **ITEM 2.** Furnish a complete description of the securities. If more space is needed, use a plain sheet of paper and attach it to this form.
- **ITEM 3.** Furnish the appropriate taxpayer identification number and the name to which it is assigned. The following rules must be observed when furnishing the number:
  - If the securities are inscribed in the name of one person as owner, with or without a beneficiary, furnish the owner's Social Security Number. If known, the Social Security Number of the beneficiary may also be furnished.
  - If the securities are inscribed in the names of two persons as coowners, furnish the Social Security Number of the first coowner. If known, the Social Security Number of the second coowner may also be furnished.
  - If the securities are inscribed in the name of a guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward as owner, furnish the Social Security Number of the minor, incompetent, or other ward.
  - If the securities are inscribed other than in the name of a natural person (in the name of an executor, administrator, trustee, corporation, association, partnership, etc.) furnish the Taxpayer Identification Number assigned to the estate.
- **ITEM 4.** If you're notifying us of a change of address, provide your former address and your new address. **Failure to provide prompt notice of a change of address could result in the nonreceipt of an interest check or Form 1099-INT.**
- **ITEM 5.** Carefully read the statement and certify that you are not subject to backup withholding, if appropriate. If you are subject to backup withholding, you must strike through Item 2 of this section. Sign the form and provide your daytime telephone number. The signature of a registered owner should be in the same form as that appearing on the bonds. The signature of a representative or fiduciary must be in the same form as that shown in the court papers or other evidence of authority and must be followed by the proper title and reference to the estate or trust, as for example, "John W. Smith, administrator of the estate of Henry L. Smith, deceased."

**WHERE TO SEND**

- For Treasury bonds or Treasury notes, send the form to:  
Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426.
- For Series HH or H bonds, unless otherwise instructed send the form to:  
Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214. (Phone: 800-553-2663.)

**NOTICE UNDER THE PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND the completed form to this address; send the form to the appropriate address shown in "WHERE TO SEND" above.**

For official use only: Customer Name	Customer No.
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PD F 2513 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised February 2011)

**APPLICATION BY VOLUNTARY GUARDIAN OF  
INCAPACITATED OWNER OF UNITED STATES  
SAVINGS BONDS OR SAVINGS NOTES**

OMB No. 1535-0036

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.  
**PRINT IN INK OR TYPE ALL INFORMATION**

**1. Certificate of Qualification**

I, Mary Johnson, of full age and residing at  
(Name of Applicant)  
123 Narrow Way Sometown MN 12345, certify all the following:  
(Number and Street, Rural Route and Box, or P.O. Box) (City) (State) (ZIP Code)

The owner of the bonds or notes, Martha Smith, is an adult.  
(Name of Owner)

His or her Social Security Number is: 123-45-6789.  
(Social Security Number)

He or she resides at: 123 Narrow Way Sometown MN 12345.  
(Number and Street, Rural Route and Box, or P.O. Box) (City) (State) (ZIP Code)

He or she is mentally incapacitated and can't handle his or her own affairs.  
No legal guardian or similar representative has been appointed for the incapacitated person's estate by any court, no person is otherwise qualified to act, and no qualification for such appointment is pending.  
The incapacitated person is the registered owner of, or the person entitled to, the United States Savings Bonds or United States Savings Notes listed in Item 2 below.

**2. Description of Bonds and Notes**

ISSUE DATE	BOND or NOTE NUMBER	ISSUE DATE	BOND or NOTE NUMBER	ISSUE DATE	BOND or NOTE NUMBER
08/94	M178122931EE				

(If more space is needed, use a separate sheet and attach it to this form.)

**3. Nature of Request**

- I request that I be recognized as voluntary guardian of the incapacitated person, and in such capacity I further request:
- A. Payment of the above-listed bonds or notes. I certify the redemption value of ALL savings bonds plus the redemption value of ALL savings notes belonging to the incompetent at the time of this application does not exceed \$20,000.
  - B. Reinvestment of matured Series E bonds for Series EE bonds. Any proceeds not reinvested will be used for the incapacitated person's benefit. (PD F 5263 must be completed and submitted. You can order the form [here](#).)
  - C. Payment of interest due or payable on Series H or Series HH bonds listed above. I agree that I will notify Public Debt if the incapacitated person dies or is restored to competency, or if a legal guardian or similar representative of the incapacitated person's estate is appointed or otherwise legally qualified.
  - D. Issuance of substitutes for the above-described bonds upon my application and submission of satisfactory proof of loss, theft, or destruction. (PD F 1048 must be completed and submitted.) (Note: Savings bonds within one month of final maturity cannot be reissued.)
  - E. Release of confidential information on savings bonds or savings notes on which the incapacitated person is named owner or coowner, or to which he or she has become entitled.

**4. Supporting Information**

In support of the above request(s), I declare that my answers to the following questions and the other information given below are true and complete, to the best of my knowledge and belief.

- A. (1) What is your relationship to the incapacitated person? Daughter
- (2) Are you contributing to his or her care and support?  YES  NO
- (3) Are any other persons or agencies contributing?  YES  NO
- If YES, please give names and addresses on the next page.

Other contributors	NAME	ADDRESS
	_____	_____
	_____	_____
	_____	_____

B. Describe the incapacitated person's disability: **Dementia**  
 Has he or she been declared mentally incompetent by a court or governmental agency?  YES  NO  
 (Proof of incompetency is required – see Item 4B in the Instructions.)

C. Is the incapacitated person a patient in a hospital or other institution operated by a federal, state, or other governmental agency?  
 YES  NO If YES, furnish the agency's name and address:

D. Does the incapacitated person own any savings bonds or savings notes in addition to those described on this form?  
 YES  NO If YES, list the additional holdings by issue date, face amount, serial number, and registration on a separate sheet of paper and attach it to this form.

**5. Signatures and Certification**

**Applicant - You must wait until you are in the presence of a certifying officer to sign this form.**

I petition the Secretary of the Treasury for completion of the transactions requested above as authorized by law, and if such requests are granted, hereby acknowledge and agree that the proceeds will be used for the benefit and support of the incapacitated person. Upon approval of the requested transactions, I bind myself, my heirs, executors, administrators, successors and assigns, jointly and severally, to hold the United States harmless as the result of any claim by any other parties having, or claiming to have, interests in the bonds or notes and, upon demand by the Department of the Treasury, to indemnify unconditionally the United States and to repay the Department of the Treasury all sums of money which the Department may pay to me as voluntary guardian, including any interest, administrative costs and penalties, or losses incurred as a result of such payment. I declare under penalty that I have not knowingly furnished any false, fictitious, or fraudulent information.

Sign Here: \_\_\_\_\_ **Mary Johnson** \_\_\_\_\_  
(Signature of Applicant) (Type or Print Name)

\_\_\_\_\_ **987-65-4321** \_\_\_\_\_ **333-111-2222** \_\_\_\_\_  
(Social Security Number) (Daytime Telephone Number) (E-Mail Address)

Instructions to Certifying Officer:  
 1. Name of person(s) who appeared and date of appearance **MUST** be completed.  
 2. Medallion stamps require an original signature.  
 3. Person(s) must sign in your presence.

I CERTIFY that MARY JOHNSON, whose identity is known or was  
(Name[s] of Persons Who Appeared)  
 proven to me, personally appeared before me this 13<sup>th</sup> day of December 2011,  
(Month / Year)  
 at SOMETOWN MN, and signed this form.  
(City / State)

(OFFICIAL STAMP  
OR SEAL)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.  
  
(Notary certification is NOT acceptable.)

Gene Doe AVP  
(Signature and Title of Certifying Officer)  
BANK USA  
(Name of Financial Institution)  
123 MAIN ST  
(Address)  
SOMETOWN MN 12345  
(City / State / ZIP Code)  
111-555-6666  
(Telephone)

2

PD F 2513 E

**Consents of other contributors - You must wait until you are in the presence of a certifying officer to sign this form.**

**NOTE: For more than two signatures, use this form and the form "Certification Attachment" (PD F 2778-1).**

I (We) consent to the action(s) requested in this application.

**Sign here:** \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Number and Street, Rural Route and Box, or P.O. Box)  
 \_\_\_\_\_  
 (City) (State) (ZIP Code)

**Sign here:** \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Number and Street, Rural Route and Box, or P.O. Box)  
 \_\_\_\_\_  
 (City) (State) (ZIP Code)

**Instructions to Certifying Officer:**  
 1. Name of person(s) who appeared and date of appearance **MUST** be completed.  
 2. Medallion stamps require an original signature.  
 3. Person(s) must sign in your presence.

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
 (Name of Person Who Appeared)  
 proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 (Month / Year)  
 at \_\_\_\_\_, and signed this form.  
 (City / State)

(OFFICIAL STAMP OR SEAL)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.

(Notary certification is NOT acceptable.)

\_\_\_\_\_  
 (Signature and Title of Certifying Officer)  
 \_\_\_\_\_  
 (Name of Financial Institution)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City / State / ZIP Code)  
 \_\_\_\_\_  
 (Telephone)

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
 (Name of Person Who Appeared)  
 proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 (Month / Year)  
 at \_\_\_\_\_, and signed this form.  
 (City / State)

(OFFICIAL STAMP OR SEAL)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.

(Notary certification is NOT acceptable.)

\_\_\_\_\_  
 (Signature and Title of Certifying Officer)  
 \_\_\_\_\_  
 (Name of Financial Institution)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City / State / ZIP Code)  
 \_\_\_\_\_  
 (Telephone)

**INSTRUCTIONS**

**USE OF FORM** – Use this form to request transactions involving United States Savings Bonds or United States Savings Notes owned by a mentally incapacitated person for whose estate no legal guardian or similar representative has been or is to be appointed or is otherwise qualified, for the following purposes:

- To apply for payment, if the total value of all of the owner's bonds and notes does not exceed \$20,000 and the proceeds will be used for the benefit and support of the incapacitated person. The redemption value of the bonds and notes will be determined as of the date the request is received by the Bureau of the Public Debt.
- To apply for reinvestment of matured Series E bonds.
- To apply for payment of interest due on any Series H or Series HH bond registered in the incapacitated person's name.
- To apply for substitute bonds on behalf of an incapacitated owner on account of the loss, theft, or destruction of the originals.
- To apply for authority to receive confidential information to which the incapacitated person is entitled.

**WHO MAY APPLY** – Any relative who is actually supporting or otherwise looking after the affairs of the incapacitated person may apply or, if none, anyone who is a proper person to represent the incapacitated person's interests may apply.

**COMPLETION OF FORM** – Answer all questions and furnish all information called for. If you need more space for any item, use a plain sheet of paper and attach it to the form. Complete and attach any additional form necessary for the requested transaction.

**ITEM 1.** Furnish all information requested pertaining to yourself and the incapacitated person.

**ITEM 2.** List by issue date and number those savings bonds and savings notes to which the application relates. Furnish information on a separate sheet as to any other savings bonds or savings notes owned by the incapacitated person.

**ITEM 3.** Mark the appropriate box(es) to indicate the nature of your request.

**A. PAYMENT** - Mark this box to request payment of the incapacitated person's bonds and notes. The redemption value of all savings bonds plus the redemption value of all savings notes owned at the time of this application can't exceed \$20,000. If the total redemption value exceeds \$20,000, this form must not be used to request payment; instead, a legal representative must be appointed for the incapacitated person by the court having jurisdiction. If the bonds or notes to be redeemed have been lost, stolen, or destroyed, a PD F 1048 must **also** be completed and submitted.

**B. REINVESTMENT** - Mark this box for reinvestment of matured Series E bonds for Series EE bonds. In applying for a reinvestment authorized by the governing regulations, the new bonds must be registered in the name of the incapacitated person followed by words showing voluntary guardianship, for example, "123-45-6789 John Jones under voluntary guardianship." A living coowner or beneficiary named on the bonds surrendered in the reinvestment transaction must be designated on the new bonds unless that person is a competent adult and he or she furnishes a certified statement consenting to the omission of his or her name. The rules and regulations in Department Circular, Public Debt Series No. 1-80, and on the applicable form, PD F 5263 (order it), must be followed. If the bonds to be reinvested have been lost, stolen, or destroyed, a PD F 1048 must **also** be completed and submitted.

**C. PAYMENT OF INTEREST** - Mark this box for payment of interest on Series H or Series HH bonds now owned by the incapacitated person. You must agree that the interest now due or payable will be used for the benefit and support of the incapacitated person. You must also agree to notify Public Debt promptly if there is a change in the status of the incapacitated person. Interest on Series H or Series HH bonds **must** be paid by direct deposit to the owner's account at a financial institution. You must complete a direct deposit form, PD F 5396 or SF 1199A, and submit it with this application. Forms SF 1199A are available at financial institutions in the United States. The financial institution designated to receive the payment can assist in the completion of the direct deposit form.

**D. MISSING BONDS** - Mark this box if you wish to obtain substitutes for bonds which have been lost, stolen, or destroyed. As voluntary guardian, you must also complete a PD F 1048 and submit it with this application. If any other person is named on the bonds, he or she must join in signing the PD F 1048.

**E. CONFIDENTIAL INFORMATION** - Mark this box if you wish to obtain information on savings bonds or savings notes on which the incapacitated person is named owner or coowner, or to which he or she has become entitled.

**ITEM 4. A. CONTRIBUTION** – Show whether or not you are contributing to the incapacitated person's support. If other persons are also contributing to the incapacitated person's care and support, their consents must be secured if payment is being requested under Item 3A on page 1. Consent must be given in Item 5.

**B. PROOF OF INCOMPETENCY** - If a court has declared the bond or note owner legally incompetent to manage his or her affairs, you must furnish a copy of the court order, certified under seal of the court. If no such determination has been made, a statement must be furnished from the incapacitated person's attending physician, on the physician's professional stationery, describing briefly the bond or note owner's condition and indicating whether or not he or she is mentally competent to engage in business transactions. If the incapacitated person is a patient in a public institution, this statement may be made by the chief medical officer on the institution's official stationery.

**C. CONSENT OF PUBLIC AUTHORITIES** - If the incapacitated person is a patient in a hospital or other institution operated by a federal, state, or other governmental authority, and a charge is or may be made for the care given, the governmental agency must furnish a statement on official stationery by an authorized official having the duty to fix or collect such charge, consenting to the action requested. Such consent is required only if payment is requested under Item 3A on page 1.

**D. INCOMPETENT'S OTHER HOLDINGS** - If the incapacitated person owns United States Savings Bonds or United States Savings Notes other than those listed in Item 2 on this application, describe the additional bonds or notes by serial number, issue date, denomination, and registration. Do this on a separate sheet of paper and submit it with this application. This information is required only if payment is requested under Item 3A on page 1.

**ITEM 5.** Sign the form in ink, print your name, and provide your address, daytime telephone number, and e-mail address. The application must also be signed by contributors, if any. All signatures to the form must be properly certified. (See "CERTIFICATION" below.) If joining in the application is inconvenient for the contributors, their consents may be furnished on separate sheets of paper. The consents must be worded to refer specifically to the action being requested and must be properly signed and the signatures certified.

**CERTIFICATION** - Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a list of individuals authorized to act as certifying officers, see Department of the Treasury Circulars, No. 530, and Public Debt Series No. 3-80.

**WHERE TO SEND** - Send the application and any supporting evidence to the Department of the Treasury, Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26106-7012. If payment or reinvestment is requested, the bonds or notes must be submitted with the application.

**NOTICE OF PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 20 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the address shown in "WHERE TO SEND" in the instructions.**

For official use only: Customer Name	Customer No.
PD F 2966 E Department of the Treasury Bureau of the Public Debt (Revised May 2008)	OMB No. 1535-0062  <b>SPECIAL BOND OF INDEMNITY BY PURCHASER OF UNITED STATES SAVINGS BONDS/NOTES INVOLVED IN A CHAIN LETTER SCHEME</b>
IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment. PRINT IN INK OR TYPE ALL INFORMATION	

KNOW ALL MEN BY THESE PRESENTS, that I, WILLIAM B FRANKLIN (First Name) (Middle Name or Initial) (Last Name) of 123 1ST AVE (Number and Street or Rural Route) SOMETOWN MI 12345 (City) (State) (ZIP Code) am held and firmly bound to the United States of America in the amount of FOUR HUNDRED DOLLARS (\$ 400.00) (For Series E and Series I show seven times the face amount; for Series EE show four times the face amount of the savings bonds described below.) to be paid to the United States of America; to which payment I bind myself, my heirs, legatees, executors, administrators, successors and assigns, jointly and severally, by this agreement.

WHEREAS, I present and surrender the following-described United States Savings Bonds to the United States Department of the Treasury:

ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION <small>(Provide complete Social Security number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds.)</small>
03/01/94	50	L240988114EE	123-45-6789
03/01/94	50	L240988115EE	HERALDO BULLOCK 3610 BIRDSNEST WAY SOMETONW MI 12345
<i>(If you need more space, use the continuation sheet on page 2.)</i>			

AND WHEREAS, I allege under penalty of perjury that I purchased these bonds with my funds with the intention of participating in a chain letter scheme, and I later discovered that participation in such a scheme violates certain laws and regulations of the United States if the mails were used and might violate state laws even if the mails were not used;

AND WHEREAS, under these circumstances, I do not wish to participate in the scheme and hereby request that the United States REFUND THE PURCHASE PRICE of these bonds;

AND WHEREAS, the Secretary of the Treasury has authorized the REFUND OF THE PURCHASE PRICE of these bonds, if I furnish satisfactory evidence that I am the purchaser of the bonds, and if I furnish a bond of indemnity without surety to the United States of America in the above amount;

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if I, my heirs, legatees, executors, administrators, successors or assigns, or any of them, will indemnify and save harmless the United States from any claim on account of these bonds and interest thereon, and from any and all losses which the United States may sustain as a result of any such other claim, and shall repay to the United States all sums of money which the United States may pay on the account of these bonds and interest thereon, with interest, administrative costs, and penalties, then this obligation will be void, otherwise it will remain in full force and effect.

*You must wait until you are in the presence of a certifying officer to sign this form.*

Sign Here	<u>William B Franklin</u> <small>(Signature of obligor - must agree with name in first paragraph)</small>	<u>WILLIAM B FRANKLIN</u> <small>(Print Name)</small>
Home Address	<u>123 1ST AVE</u> <small>(Number and Street or Rural Route)</small>	<u>456-78-9012</u> <small>(Social Security Number)</small>
SOMETOWN MI 12345 <small>(City) (State) (ZIP Code)</small>		<u>(555) 555-5555</u> <small>(Daytime Telephone Number)</small>

*Certifying Officer - The individual must sign in your presence. Complete the certification and affix your stamp or seal.*

I CERTIFY that William B Franklin, whose identity is known or was proven to me, personally appeared before me this 25<sup>th</sup> day of July, 2008 at Sometown MI, and signed this form.

(OFFICIAL STAMP OR SEAL)

Jane Doe Head Cashier  
(Signature and Title of Certifying Officer)  
Bank USA 123 Main St  
(Number and Street or Rural Route)  
Sometown MI 12345  
(City) (State) (ZIP Code)

*Continuation of description of bonds:*

ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Provide complete Social Security number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds.)

*(If you need more space, use a continuation sheet and attach it to the form.)*

**INSTRUCTIONS**

"Bonds" in these instructions refers to savings bonds, savings notes, retirement plan bonds, and individual retirement bonds.)

**USE OF FORM** - Use this form to apply for refund of purchase price of United States Savings Bonds purchased in connection with a chain letter scheme.

- Furnish your full name including first name, middle name or initial, and last name.
- Show your complete mailing address.
- Enter the amount of the bond of indemnity, in alphabetical and numerical form. The amount necessary depends on the type of bond involved. Series EE, Series E, and Series I bonds may earn interest beyond their original maturity date. As a result, the bond of indemnity must be in an amount four times the face amount of the Series EE bonds and seven times the face amount of the Series E and Series I bonds listed on the form. For example, for a \$50 Series EE bond, the amount must be shown as "TWO HUNDRED DOLLARS" (\$200.00) and for a \$50 Series E or Series I bond, the amount must be shown as "THREE HUNDRED FIFTY DOLLARS" (\$350.00).
- Describe the bonds.
- Sign the form, show your mailing address, social security number, and daytime telephone number. (See the next section regarding proper certification.)

**CERTIFICATION**

*Person Who Signs Form*

- You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign in the presence of that officer. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530, and Public Debt Series Nos. 3-80 and 2-98.

*Certifying Officer*

- The person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he/she is personally known to you. You must complete and sign the certification form and affix the seal or stamp required in certifying requests for payment.

**ADDITIONAL EVIDENCE**

You must provide evidence that you purchased the bonds. Such evidence includes a copy of the purchase order; a statement from the issuing agent that accepted the order; the canceled check used to purchase the bond; or a copy of the chain letter bearing your name. If the evidence shows that someone else was the purchaser of the bonds and you obtained possession from that person, you will also be expected to furnish a notarized statement from the original purchaser to establish the circumstances under which he/she delivered the bonds.

**WHERE TO SEND** - Send the PD F 2966, bonds, proof of purchase, and any other appropriate evidence, to the Department of the Treasury, Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26108-7012.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 08 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to one of the Treasury Retail Securities Sites shown in "WHERE TO SEND."**

*For Official Use Only*

Accepted by: \_\_\_\_\_

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

For official use only: Customer Name	Customer No.
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PD F 4000 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised June 2011)

**REQUEST TO REISSUE UNITED STATES SAVINGS BONDS**

OMB No. 1535-0023

www.treasurydirect.gov

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

**PART A – NEW BOND REGISTRATION**

**1. Bond Description** (NOTE: Savings bonds within one month of final maturity cannot be reissued.)

I/We request reissue of the bonds described below, in the amount of \$ \_\_\_\_\_ (total face amount).

ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRATION (Provide complete Social Security Number [for example, 123-45-6789] and names, including middle names or initials, on the bonds.)
01/95	\$1,000	M794932174EE	123-45-6789 David Adams OR Susan Dane

(If you need more space to describe your bonds, attach either a PD F 3500, a plain sheet of paper, or a photocopy.)

**2. Extent of reissue:**  In full  \_\_\_\_\_ Amount, Fractional Share, or Percentage

**3. Requested Registration**

a. Taxpayer Identification No.: 123-45-6789  
(Social Security Number or Employer Identification Number)

b. Registration: David Adams  
(First Name, Middle Name or Initial, Last Name, or Fiduciary Inscription)

c. Address: 174 Mulberry LN, Sometown, MN 12345  
(Street, Route, or P.O. Box; City, State, ZIP Code)

d. To name a coowner or beneficiary, select a box and enter a name:  
 coowner  beneficiary (POD) } Susan Adams  
(First Name, Middle Name or Initial, Last Name)

(If a name is shown and neither box is marked, coownership will be assumed.)

**TAX LIABILITY:** If the name of a living owner or principal coowner of the bonds is eliminated from the registration, the owner or principal coowner must include the interest earned and previously unreported on the bonds to the date of the transaction on his or her Federal income tax return for the year of the reissue. (Both registrants are considered to be coowners when bonds are registered in the form: "A" or "B.") The principal coowner is the coowner who (1) purchased the bonds with his or her own funds, or (2) received them as a gift, inheritance, or legacy, or as a result of judicial proceedings, and had them reissued in coownership form, provided he or she has received no contribution in money or money's worth for designating the other coowner on the bonds. If the reissue is a reportable event, the interest earned on the bonds to the date of the reissue will be reported to the Internal Revenue Service (IRS) by a Federal Reserve Bank or Branch or the Bureau of the Public Debt under the Tax Equity and Fiscal Responsibility Act of 1982. THE OBLIGATION TO REPORT THE INTEREST CANNOT BE TRANSFERRED TO SOMEONE ELSE THROUGH A REISSUE TRANSACTION. If you have questions concerning the tax consequences, consult the IRS, or write to the Commissioner of Internal Revenue, Washington, DC 20224. **Unless we are otherwise informed, the first-named coowner will be considered the principal coowner for the purpose of this transaction.**

**4. Delivery instructions, if different from above:**  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Number and Street or Rural Route)  
\_\_\_\_\_  
(City) (State) (ZIP Code)

**PART B – REASON FOR REISSUE**  
 Describe the reason for the reissue.

---

If the reason shown above is to correct an error in registration, provide the following information.

(1) Who purchased the bonds? \_\_\_\_\_

(2) Whose funds were used? \_\_\_\_\_

(3) How did the error occur? \_\_\_\_\_

**PART C – SIGNATURES AND CERTIFICATIONS**

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief. I/We agree to reissue of the bonds as indicated in Part A and certify that the reissue is authorized. I/We hereby bind ourselves, our heirs, legatees, successors, and assigns, jointly and severally, to hold the United States harmless on account of the reissue requested herein, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the bonds.

**Sign in ink in the presence of an authorized certifying officer.**  
 (See the instructions for who must sign.)

Susan Doe, now by marriage Susan Adams \_\_\_\_\_  
 (Signature) (Signature)

\_\_\_\_\_  
 (Title) (Title)

174 Mulberry LN \_\_\_\_\_  
 (Number and Street or Rural Route) (Number and Street or Rural Route)

Sometown MN 12345 \_\_\_\_\_  
 (City) (State) (ZIP) (City) (State) (ZIP)

222-33-4444 \_\_\_\_\_  
 (Social Security Number) (Social Security Number)

Susan@doe.net \_\_\_\_\_  
 (Email Address) (Email Address)

(555) 222-3333 \_\_\_\_\_  
 (Daytime Telephone Number) (Daytime Telephone Number)

**Instructions to Certifying Officer:**

- Name of person(s) who appeared and date of appearance **MUST** be completed.
- Medallion stamps require an original signature.
- Person(s) must sign in your presence. **NOTE:** To certify a second signature, use the next page.

I CERTIFY that SUSAN ADAMS \_\_\_\_\_, whose identity is known or was  
 (Name of Person Who Appeared)

proven to me, personally appeared before me this 15<sup>th</sup> day of JULY 2011  
 (Month/Year)

at SOMETOWN, MN \_\_\_\_\_, and signed this form.  
 (City, State)

(OFFICIAL STAMP OR SEAL)

Jane Doe AVP \_\_\_\_\_  
 (Signature and Title of Certifying Officer)

BANK USA \_\_\_\_\_  
 (Name of Financial Institution)

123 MAIN ST \_\_\_\_\_  
 (Address)

SOMETOWN MN 12345 \_\_\_\_\_  
 (City, State, ZIP Code)

111-222-9999 \_\_\_\_\_  
 (Telephone)

ACCEPTABLE CERTIFICATIONS:  
 Financial Institution's Official Seal or Stamp  
 (such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). Brokers must use a Medallion Stamp.

I CERTIFY that _____, whose identity is known or was <small>(Name of Person Who Appeared)</small> proven to me, personally appeared before me this _____ day of _____, <small>(Month/Year)</small> at _____, and signed this form. <small>(City, State)</small>	
(OFFICIAL STAMP OR SEAL)	_____ <small>(Signature and Title of Certifying Officer)</small> _____ <small>(Name of Financial Institution)</small> _____ <small>(Address)</small> _____ <small>(City, State, ZIP Code)</small> _____ <small>(Telephone)</small>
<b>ACCEPTABLE CERTIFICATIONS:</b> Financial Institution's Official Seal or Stamp (such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). Brokers must use a Medallion Stamp.	
<b>Reserved for Identification Notations</b>	
Customer Account Number and Date Established: _____ Identified by: _____ Documents – Descriptions: _____	Customer Account Number and Date Established: _____ Identified by: _____ Documents – Descriptions: _____
<b>INSTRUCTIONS TO CERTIFYING OFFICER</b>	
Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally known to you. You must place an adequate notation in the area reserved for identification notations in Part C or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and, if you are an officer or employee of an organization, the organization will be held fully responsible for the adequacy of the identification.	
The signatures to the request must be executed in your presence. Fully complete and sign the certification form provided for your use for each signature you witness.	
If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.	
<b>FOR FEDERAL RESERVE BANK USE ONLY</b>	
<input type="checkbox"/> This transaction was a reportable event. \$ _____ was reported under _____ for _____ <small>(Social Security Number) (Year)</small>	
<input type="checkbox"/> This transaction was not a reportable event. No interest was reported.	

**INSTRUCTIONS**

**USE OF FORM** – Complete this form to reissue paper (definitive) Series EE, HH, and I United States Savings Bonds, Retirement Plan Bonds, and Individual Retirement Bonds. A separate Part A must be used for each new form of registration. If you need more space for any item, attach either a plain sheet of paper, a photocopy of the relevant section, or, for Part A, Section 1, a PD F 3500. To request payment, sign the backs of the bonds instead of completing this form.

**INCOMPETENT OR MINOR** – A minor of sufficient age and competency to sign the request and to understand the nature of the transaction may request reissue of the bonds. A minor under legal guardianship may not request reissue. An incompetent owner, coowner, or beneficiary may not request reissue.

**PART A – NEW BOND REGISTRATION**

1. Describe the bonds to be reissued. If you need more space, attach either a PD F 3500, a plain sheet of paper, or a photocopy.
2. Mark the box "In full" if the person listed in Item 3 is to receive the entire value of the bond(s) described in Item 1; or, if the person listed in Item 3 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he or she is to receive.
3. Provide the following information:

- a. The appropriate Taxpayer Identification Number (Social Security Number or Employer Identification Number).

<i>If the new bonds are to be inscribed in the name of . . .</i>	<i>Provide this . . .</i>
One person as owner, with or without a beneficiary	The Social Security Number of the owner
Two persons as coowners	The Social Security Number of the first-named coowner
A guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward	The Social Security Number of the minor, incompetent, or other ward
Other fiduciary registration (trustee, administrator of decedent's estate, etc.)	The Social Security Number of the grantor of the trust or decedent or an Employer Identification Number assigned to the fiduciary estate

- b. The new registration. Use as much space as necessary on these three lines to give either a name (first name, middle name or initial, and last name) or a fiduciary inscription.
  - c. Mailing information.
  - d. To add a coowner or beneficiary, mark the appropriate box and insert his or her name. If a name is shown and no box is marked, coownership will be assumed.
4. To have the bonds mailed to an address other than the address shown in Item 3, provide the name and address of the person or institution receiving them.

**NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT**

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The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to correct address shown in "Where to send" in the Instructions.

PART B – REASON FOR REISSUE		
<p>Describe the reason for the reissue. The chart below shows common reasons for reissue. These may not be authorized for all series. Complete guidelines for authorized reissue transactions may be found in the regulations, in the following Department Circulars: DC 3-80 (Series EE/HH), DC 2-98 (Series I), DC 1-75 (Individual Retirement Bonds), and DC 1-63 (Retirement Plan Bonds).</p>		
Bonds may be reissued to...	The form must be signed by...	Additional Information
Add a new coowner or beneficiary to a bond in sole owner registration.	The owner.	The original owner must be the first-named coowner.
Change the present beneficiary to coowner.	The owner.	The beneficiary may only be shown as second-named coowner.
Remove the name of a living beneficiary.	The owner.	The owner may add a different person as coowner or beneficiary.
Remove the name(s) of any deceased registrant(s).	The surviving registrant.	The surviving registrant must be shown as the owner or first-named coowner in the registration of the new bonds. If more than one registration is requested, a separate Part A must be completed for each different registration. Submit certified copies of the death certificates for all deceased registrants except beneficiaries on Series EE, HH, or I bonds.
Show that a change of name occurred.	The person whose name has changed.	Explain exactly how the change of name was authorized (marriage, divorce, court order, naturalization, etc.). Evidence may be required.
Correct an error in registration.	The purchaser.  If the purchaser and the person whose funds were used to purchase the bonds are different persons, both must sign.	Provide the answers to the questions shown.
Substitute the name of the fiduciary who has succeeded the fiduciary named in the registration of the bonds.	The successor in his or her fiduciary capacity.	Submit proof of the succession to the position, such as a certified copy of the letters of appointment or, in the case of a trustee, a copy of the trust instrument and proof of the death or resignation of the original trustee.
Show the name of the executor or administrator of a deceased owner's estate.	The fiduciary in his or her fiduciary capacity.	Submit a certified copy of the letters of appointment, dated within one year of submission, and certified copies of the death certificates for all deceased registrants.
Show the name of the guardian, conservator, or similar representative of the estate of a minor or incompetent owner.	The fiduciary in his or her fiduciary capacity.	Submit a certified copy of the letters of appointment, dated within one year of submission.
Change ownership due to divorce, legal separation, or annulment.	The owner or both coowners (or their representatives).  For bonds in coownership form, a request solely to eliminate the name of one coowner may be signed by that coowner only.	See the Tax Liability statement on this form. The name of another person may be added as coowner or beneficiary.
Remove a living owner/coowner and reissue in a form authorized under the regulations.	The owner/coowner being removed.	Remaining registrant must be named first in the registration. See the Tax Liability statement on this form. The name of another person may be added as coowner or beneficiary.

PART C – SIGNATURES AND CERTIFICATIONS	
<p><b>SIGNATURES</b> - Sign the form in ink, in the presence of an authorized certifying officer. The form must be signed as indicated in Part B of the instructions. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.</p> <p>If an owner or coowner's name has been changed by marriage, divorce, court order, naturalization, or otherwise, he or she must sign the form as follows: "<u>(PRESENT LEGAL NAME)</u>", changed by (specify manner in which change occurred) from "<u>(NAME AS ON BONDS)</u>." To support a change of name, other than by marriage, a complete statement should follow the signature to show exactly how the change of name was authorized. Evidence may be required.</p> <p><b>CERTIFICATION</b> – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. If a minor owner or coowner signs the request, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.</p>	
<p><b>Sample</b> certification for a financial institution:</p> <p>SIGNATURE GUARANTEED ABC National Bank Hillview Branch</p> <hr/> <p>Authorized Signature</p>	<p><b>Acceptable</b> certification for a brokerage:</p> <p>SIGNATURE GUARANTEED MEDALLION GUARANTEED Generic Brokerage</p> <hr/> <p>Authorized Signature</p> <p>XXXXXXXX SECURITIES TRANSFER AGENTS MEDALLION PROGRAM [Bar Code]</p>

**ADDITIONAL REQUIREMENTS FOR SERIES HH BONDS:**

- Under the Interest Dividend Tax Compliance Act of 1983 as implemented by Internal Revenue Service regulations, the new owner or first-named coowner must complete IRS Form W-9 to certify that the Social Security Number furnished is correct, to indicate whether or not he or she is subject to backup withholding under the provision of Section 3406(a)(1)(C) of the Internal Revenue Code, and to verify that he or she is a United States person (including a U.S. resident alien). Forms W-9 are available at financial institutions in the United States and Internal Revenue Offices. These forms can also be found on the IRS website at [www.irs.gov](http://www.irs.gov).
- The furnishing of direct deposit information is a condition of reissue of Series HH bonds bearing issue dates of October 1989 and thereafter. A direct deposit form, [PD F 5396](#) or SF 1199A, must be completed for Series HH bonds dated October 1989 and thereafter which are submitted for reissue. The direct deposit form must be completed by the new owner or coowner providing the appropriate information for direct deposit of the semi-annual interest payments. Forms SF 1199A are available at financial institutions in the United States. [PD F 5396](#) is available for download on the Internet using the "Forms" link at [www.treasurydirect.gov](http://www.treasurydirect.gov). The financial institution designated to receive the payment can assist in the completion of the direct deposit form.

**ADDITIONAL EVIDENCE** – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

**RETURN OF EVIDENCE** - If the evidence submitted with this form is to be returned, provide a written request when the evidence is submitted.

**WHERE TO SEND** – Unless otherwise instructed, please send PD F 4000 and the bonds, as well as any other appropriate forms and evidence, to:

Treasury Retail Securities Site  
PO Box 214  
Minneapolis, MN 55480-0214  
1-800-553-2663

Sample PD F 5257 E

PD F 5257 E  
 Department of the Treasury  
 Bureau of the Public Debt  
 (Revised October 2009)

**CHANGE OF ADDRESS NOTIFICATION FOR HH/H ACCOUNTS**

COMPLETE THIS FORM OR VISIT [WWW.TREASURYDIRECT.GOV](http://WWW.TREASURYDIRECT.GOV) TO REPORT A CHANGE OF ADDRESS FOR A SERIES HH/H ACCOUNT.  
 PLACE THE FORM IN AN ENVELOPE AND MAIL IT TO THE TREASURY RETAIL SECURITIES SITE NEAREST YOU.  
 (SEE REVERSE SIDE FOR ADDRESSES.)

NAME	FIRST <b>SAMUEL</b>	MIDDLE INITIAL <b>L</b>	LAST <b>SMITH</b>
OLD ADDRESS	STREET NUMBER, STREET NAME CITY STATE ZIP CODE <b>123 FIRST AVE, SUNNY, CA 92345</b>		
NEW ADDRESS	STREET NUMBER, STREET NAME CITY STATE ZIP CODE <b>234 SECOND AVE, SUNNY, CA 92345</b>		
TELEPHONE NUMBERS	AREA CODE TELEPHONE NUMBER <b>(301) 123-4567</b>	SOCIAL SECURITY NUMBER AS IT APPEARS ON THE BONDS OR ACCOUNT <b>123-45-6789</b>	
E-MAIL ADDRESS	<b>SAM@SMITH.COM</b>		YOUR SOCIAL SECURITY NUMBER <b>123-45-6789</b>
SIGN YOUR NAME HERE	<i>Samuel L. Smith</i>		

You can change your address online: visit [www.treasurydirect.gov](http://www.treasurydirect.gov) and go to Services for HH/H Savings Bonds, or e-mail us at [SavBond1@bpd.treas.gov](mailto:SavBond1@bpd.treas.gov)  
 See Back of Card for Taxpayer Identification and Privacy Act Notices

**WHERE TO SEND** - Please send PD F 5257 E to one of the Treasury Retail Securities Sites below:

Treasury Retail Securities Site  
 PO Box 299  
 Pittsburgh, PA 15230-0299  
 1-800-245-2804

Treasury Retail Securities Site  
 PO Box 214  
 Minneapolis, MN 55480-0214  
 1-800-553-2663

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 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 a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I live in the United States.

**(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 dividends on your tax return.)

*The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

NOTE: The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

For official use only: Customer Name	Customer No.
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PD F 5336 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised December 2010)

**DISPOSITION OF TREASURY SECURITIES BELONGING TO A DECEDENT'S ESTATE BEING SETTLED WITHOUT ADMINISTRATION**

OMB No. 1535-0118

Visit us on the Web at [www.treasurydirect.gov](http://www.treasurydirect.gov)

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

A person qualified by the Department of the Treasury to act as voluntary representative must use this form to request disposition of United States Treasury Securities and/or related payments belonging to a decedent's estate that is not being administered. See the instructions for the definition of a voluntary representative. *If the decedent's securities and/or related payments are worth over \$100,000 redemption and/or par value as of the date of death, Treasury regulations require that the estate be administered through the court; in this event, this form may not be used.*

**WHERE TO SEND** – Unless otherwise instructed in accompanying correspondence, send this form, all securities and/or related checks, and any necessary evidence to Department of the Treasury, Bureau of the Public Debt, using the appropriate address below:

- For a request involving **only** definitive (paper) savings bonds – PO Box 7012, Parkersburg, WV 26106-7012
- For any other request related to this form – PO Box 426, Parkersburg, WV 26106-0426

*Carefully read the instructions before completing this form.*

**PART A – ESTATE INFORMATION**

Provide the information below and submit certified copies of the death certificates for all deceased registrants.

**Elizabeth Weston**

(Name of Deceased Owner - If more than one person named on the securities, the person who died last)

**912-34-5678**

(Decedent's Social Security Number)

**CA**

(Jurisdiction of Legal Residence)

By signing this form, I certify that a legal representative has not been and will not be appointed through the court and that the estate will not be settled in accordance with the law of the decedent's domicile (such as Summary Administration, Small Estates Act, Texas Miniment of Title, Louisiana Judgment of Possession, etc.).

*If the above statement does not apply, do not complete this form. Instead, send the securities and all evidence and/or documentation concerning the estate to the address shown in "WHERE TO SEND" above.*

**PART B – PERSON QUALIFIED TO ACT AS VOLUNTARY REPRESENTATIVE**

Title 31, Code of Federal Regulations (CFR), provides that to be qualified to act as voluntary representative, a person must be competent and eighteen years of age or older and be eligible according to the Order of Precedence for Voluntary Representative shown below. *Carefully read the instructions before completing this Part.*

Mark the box that represents your eligibility to act as voluntary representative.

**Order of Precedence for Voluntary Representative**

- I am the surviving spouse
- I am a child of the decedent and there is no competent surviving spouse
- I am a descendant of a deceased child of the decedent and there are none of the above who are competent
- I am a parent of the decedent and there are none of the above who are competent
- I am a brother or sister of the decedent and there are none of the above who are competent
- I am a descendant of a deceased brother or sister of the decedent and there are none of the above who are competent
- I am next of kin of the decedent as determined by the law of the jurisdiction in which the decedent was domiciled at the date of death, and there are none of the above who are competent. My relationship to the decedent is \_\_\_\_\_.

**PART C – TYPE OF DISPOSITION**  
 As voluntary representative, you may request one of the following (mark the appropriate box):

Payment to yourself as voluntary representative on behalf of all persons entitled to share in the decedent's estate (except for unmatured marketable securities). (Continue to Part D.)

Transfer of unmatured marketable securities to a financial institution, broker, or dealer account in MY name to be sold on behalf of all persons entitled. (Continue to Part E.)

Distribution of securities and/or related payments to the persons entitled according to the law of the jurisdiction in which the decedent was domiciled at the date of death. (Skip to Part F.)

**PART D – PAYMENT TO VOLUNTARY REPRESENTATIVE**

I request that payment of the savings bonds or matured Treasury bills, notes, bonds, or TIPS and/or related payments be made to me as voluntary representative.

1. Pay to: Fred Weston 891-23-4567  
(Name) (Social Security Number)  
123 4th Street, Sunny, CA 91234  
(Mailing Address)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
Paper Series EE Bond	06/01	1000	M729843125EE	912-34-5678 Elizabeth Weston 123 4th St Sunny CA 91234

3. Mark the box for the particular type of security involved:

<p><i>Book-Entry Savings Bonds (electronic issue held in TreasuryDirect®) (Series E, EE and I)</i></p> <p><input type="checkbox"/> Payment by direct deposit</p>	<p><i>Marketable Treasury Bills, Notes, Bonds, and TIPS (paper issue or electronic issue held in Legacy Treasury Direct or TreasuryDirect)</i></p> <p><input type="checkbox"/> Payment of the matured definitive (paper) security by check</p>
<p><i>Savings Bonds or Notes (paper issue only) (Series A-D, E, EE, F, G, H, HH, I, J, K)</i></p> <p><input checked="" type="checkbox"/> Payment by check</p> <p><input type="checkbox"/> Payment by direct deposit</p>	<p><input type="checkbox"/> Payment of the matured Book-Entry (electronic) security held in Legacy Treasury Direct or TreasuryDirect by direct deposit</p> <p><input type="checkbox"/> Payment of the matured Book-Entry (electronic) security held in Legacy Treasury Direct by check</p>

Direct-deposit funds as authorized below:

\_\_\_\_\_  
(Name or Names on the Account)

\_\_\_\_\_  
(Depositor's Account No.)

Financial Institution Routing No.: \_\_\_\_\_

\_\_\_\_\_  
(Financial Institution's Name)

\_\_\_\_\_  
(Phone No.)

Type of Account:  Checking  Savings

(If you completed Part D to receive payment as voluntary representative, do not complete Part E or F; skip to Part G.)

**PART E – TRANSFER TO VOLUNTARY REPRESENTATIVE**

Transfer all unmatured marketable securities in the below account(s) to a financial institution, broker, or dealer account in MY name to be sold on behalf of all persons entitled.

**1. Transfer to:** \_\_\_\_\_  
 (Name) (Social Security Number)

\_\_\_\_\_ (Mailing Address)

**2. Securities Identification:**  
 ACCOUNT NUMBER(S) \_\_\_\_\_

**3. EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION (Before completing, see instructions.)**

Routing Number: \_\_\_\_\_

Financial Institution Wire Name: \_\_\_\_\_

Agent or Broker Name: \_\_\_\_\_

Agent or Broker Phone Number: \_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

*(If you completed Part E to transfer as voluntary representative, do not complete Part D or F; skip to Part G.)*

**PART F – DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED**

I request that the securities and/or related payments be distributed as follows:

**1. Distribute to:** \_\_\_\_\_  
 (Name) (Social Security Number)

\_\_\_\_\_ (Mailing Address)

\_\_\_\_\_ (Phone Number)

**2. Description of securities and/or related payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Extent of distribution:**  In full  \_\_\_\_\_ Amount, Fractional Share, or Percentage

**PART F – DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED**  
 I request that the securities and/or related payments be distributed as follows:

1. Distribute to: \_\_\_\_\_ (Name) \_\_\_\_\_ (Social Security Number)  
 \_\_\_\_\_ (Mailing Address)  
 \_\_\_\_\_ (Phone Number)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution:  In full  \_\_\_\_\_ Amount, Fractional Share, or Percentage

**PART F – DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED**  
 I request that the securities and/or related payments be distributed as follows:

1. Distribute to: \_\_\_\_\_ (Name) \_\_\_\_\_ (Social Security Number)  
 \_\_\_\_\_ (Mailing Address)  
 \_\_\_\_\_ (Phone Number)

2. Description of securities and/or related payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution:  In full  \_\_\_\_\_ Amount, Fractional Share, or Percentage

<b>PART G - SIGNATURE AND CERTIFICATION</b>	
<p>I certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief and that I am eligible to act as voluntary representative. I further certify that I will distribute payment made to me as voluntary representative or that I am distributing the securities and/or related payments to the persons entitled by the law of the jurisdiction in which the decedent was domiciled at the date of death. The United States is not liable to any person for the improper distribution of payments or securities. Upon payment or distribution of the securities at my request as voluntary representative, the United States is released to the same extent as if it had paid or delivered to a representative of the estate appointed pursuant to the law of the jurisdiction in which the decedent was domiciled at the date of death.</p> <p>I bind myself, my heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or payments.</p>	
<b>You must wait until you are in the presence of a certifying officer to sign this form.</b>	
<b>Sign Here:</b> ⇒ _____ <small>(Applicant's Signature, As Voluntary Representative of the Decedent's Estate)</small>	<u>Frank Weston</u> <small>(Daytime Telephone Number)</small> <u>555-777-6666</u>
<b>Address:</b> _____ <small>(Number and Street, Rural Route and Box, or PO Box)</small>	<u>123 4th St</u> <small>(City)</small>
<b>E-Mail Address:</b> _____ <small>(State)</small>	<u>SUNNY CA</u> <small>(ZIP Code)</small> <u>91234</u>
<p><b>Instructions to Certifying Officer:</b></p> <ol style="list-style-type: none"> <li>1. Name of person(s) who appeared and date of appearance <b>MUST</b> be completed.</li> <li>2. Medallion stamps require an original signature.</li> <li>3. Person(s) must sign in your presence.</li> </ol>	
<p>I CERTIFY that <u>FRANK WESTON</u>, whose identity is known or was  <small>(Name of Person Who Appeared)</small></p> <p>proven to me, personally appeared before me this <u>25<sup>th</sup></u> day of <u>April</u> 20<u>11</u>.  <small>(Month / Year)</small></p> <p>at <u>SUNNY CA</u>, and signed this form.  <small>(City / State)</small></p>	
<p>(OFFICIAL STAMP OR SEAL)</p> <p>ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.</p> <p><small>(Notary certification is NOT acceptable for transfers from Legacy Treasury Direct or TreasuryDirect.)</small></p>	<p><u>Jane Doe, AVP</u>  <small>(Signature and Title of Certifying Officer)</small></p> <p><u>BANK USA</u>  <small>(Name of Financial Institution)</small></p> <p><u>123 MAIN ST</u>  <small>(Address)</small></p> <p><u>SUNNY CA 91234</u>  <small>(City / State / ZIP Code)</small></p> <p><u>111-555-7777</u>  <small>(Telephone)</small></p>

**INSTRUCTIONS**

**ALL securities belonging to the decedent's estate must be included in this transaction. If the redemption and/or par value of all securities and/or related payments owned by the decedent as of the date of death exceeds \$100,000, Treasury regulations require that the estate be administered through the court; in this event, this form may not be used. We will recognize only ONE voluntary representative to act at any time on behalf of the decedent's estate.**

**USE OF FORM** – A voluntary representative is a person qualified by the Department of the Treasury to request disposition of United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, Savings Bonds and Savings Notes) and/or related payments (not exceeding \$100,000) that belong to a decedent's estate if the estate is not being administered through the court. A voluntary representative of the decedent's estate must complete this form to request:

- Payment on behalf of persons entitled to the estate according to the law of the jurisdiction in which the decedent was domiciled at the date of death
- Transfer of unmatured marketable securities to a financial institution, broker, or dealer account in **MY** name to be sold on behalf of all persons entitled
- Distribution of the securities to the persons entitled to the estate according to the law of the jurisdiction in which the decedent was domiciled at the date of death.

If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form.

**PART A – ESTATE INFORMATION**

Provide the requested information regarding the decedent. If more than one deceased person is named on the securities, provide the information for the person who died last. **Submit certified copies of the death certificates for all deceased registrants.**

Insert the following information:

- Decedent's name
- Decedent's Social Security Number
- Jurisdiction (state, district, or territory) of decedent's last legal residence

By signing this form you certify that the decedent's estate has not been and will not be administered through a court or settled in accordance with the law of the decedent's domicile (such as Summary Administration, Small Estates Act, Texas Muniment of Title, Louisiana Judgment of Possession, etc.). **If a legal representative has been appointed by the court, if the estate has been administered and is now closed, or if you have a document establishing entitlement to the estate (other than an unprobated will), do not complete this form. Instead, send the securities and all evidence and/or documentation concerning the estate to the address shown in "WHERE TO SEND" on the last page of these instructions. Upon review of the submission, we will provide additional instructions, if necessary.**

**PART B – PERSON QUALIFIED TO ACT AS VOLUNTARY REPRESENTATIVE**

Title 31, Code of Federal Regulations (CFR), provides that disposition of a decedent's estate that is not being administered through the court will be made upon the request of a person qualified to act as voluntary representative. To act as voluntary representative, you must be competent and eighteen years of age or older and be eligible according to the Order of Precedence for Voluntary Representative.

Starting at the top, read down the Order of Precedence until you find the situation that applies to you. Mark the box that represents your eligibility to act as voluntary representative. (If the last box is marked, show your relationship to the decedent.) For example, if the decedent leaves a competent surviving spouse and children (over the age of eighteen), the competent surviving spouse must complete this form. If there is no competent surviving spouse, one of the children (over the age of eighteen) must complete this form.

**PART C – TYPE OF DISPOSITION**

Title 31, Code of Federal Regulations (CFR), provides that a voluntary representative may request one of the following:

- Payment to the voluntary representative on behalf of all persons entitled to share in the decedent's estate (except for unmatured marketable securities).
- Transfer of unmatured marketable securities to a financial institution, broker, or dealer account in **MY** name to be sold on behalf of all persons entitled. (Continue to Part E.)
- Distribution of securities and/or related payments to the persons entitled according to the law of the jurisdiction in which the decedent was domiciled at the date of death.

Mark the appropriate box. If you are requesting payment, continue to Part D. If you are requesting distribution, skip Part D and continue to Part E.

**PART D – PAYMENT TO VOLUNTARY REPRESENTATIVE**

**Complete this part to receive payment as voluntary representative for matured marketable securities.**

A person acting as voluntary representative who receives payment of securities and/or related payments warrants, certifies, and unconditionally guarantees that he/she will make distribution of the proceeds to the persons entitled by the law of the decedent's domicile at the date of death. Payment to a voluntary representative is for the convenience of the United States and does not determine ownership of the securities or their proceeds.

1. Provide your name, Social Security Number, and mailing address.

Note: Your Social Security Number may be used to **report** all of the interest earned to the Internal Revenue Service for Federal income tax purposes. For Federal income tax information, see IRS Publication 550 or contact the IRS or your tax advisor.

2. Describe the securities and/or checks:

- **TITLE OF SECURITY** – Identify each security by series, interest rate, type, CUSIP, and call and maturity date, as appropriate. If describing a check, insert the word "check."
- **ISSUE DATE** – Provide the issue date of each security or check.
- **FACE AMOUNT** – Provide the face amount (par or denomination) of each security or check.
- **IDENTIFYING NUMBER** (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.
- **REGISTRATION** – Provide the registration of each security, check, or account; also provide the account number, if any.  
Note: If the taxpayer identification number is included in the registration but is masked (i.e. \*\*\*-\*\*-1234), please be sure to provide the entire number.

**EXAMPLES:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
<i>Paper Marketable Security</i> 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	<i>Serial #</i> 123	JOHN DOE AND JANE DOE SSN 222-22-2222
<i>Electronic Marketable Security</i> CUSIP 912795QW4	2/5/04	\$1,000		ACCT # 4800-123-1234 JOHN DOE SSN 222-22-2222
<i>Electronic Series I Savings Bond</i> SERIES I	1/1/02	\$100	<i>Confirmation #</i> IAAAB	ACCT # N-111-11-1111 JOHN DOE
<i>Paper Series EE Savings Bond</i> SERIES EE	7/99	\$100	<i>Serial #</i> C-123,456,789-EE	SSN 222-22-2222 JOHN DOE OR JANE DOE
<i>Check</i> CHECK	7/26/04	\$351.02	<i>Check #</i> 502123456	JOHN DOE

*If unsure what to provide in each of the areas, furnish all identifying information in the space for REGISTRATION.*

3. Mark the appropriate box indicating the method of payment for the particular type of security involved. Note: If securities are held in a TreasuryDirect account, payment must be made by direct deposit. Payment for matured electronic securities held in a Legacy Treasury Direct account may be made by check or direct deposit. The only payment option for matured definitive (paper) marketable securities is by check.

For payment by direct deposit, furnish the name(s) on the account, the account number, the type of account, and the financial institution's name, the routing/transit number that identifies the institution, and the institution's phone number. You may need to contact the financial institution to obtain the routing number.

*(If you completed Part D to receive payment as voluntary representative, do not complete Part E or F; skip to Part G.)*

**PART E – TRANSFER TO VOLUNTARY REPRESENTATIVE**

Complete this part to transfer the unmatured marketable securities to a financial institution, broker, or dealer account in YOUR name to receive payment on behalf of all person entitled.

A person acting as voluntary representative who transfers securities warrants, certifies, and unconditionally guarantees that he/she will make distribution of the proceeds to the persons entitled by the law of the decedent's domicile at the date of death. Transfer to a voluntary representative is for the convenience of the United States and does not determine ownership of the securities or their proceeds.

**IMPORTANT NOTICES**

- All scheduled reinvestments will be cancelled at the time of transfer.
- This form must be signed. (Only original signatures and forms will be accepted (stamped signatures are not acceptable)
- TRANSFER REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.

1. Provide your name and mailing address.

2. Securities Identification

Provide the information requested. ALL REQUIRED INFORMATION IS LISTED ON THE Legacy Treasury Direct STATEMENT OF ACCOUNT or in your TreasuryDirect account.

**3. EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION**

Contact the financial institution for their "Book-Entry" delivery instructions. Please note: **Securities CANNOT be transferred to a checking or savings account.** Provide the following information:

**ROUTING NUMBER** - ABA (identification) number of the financial institution receiving the securities.

**FINANCIAL INSTITUTION WIRE NAME** - Provide the financial institution's "Book-Entry" delivery instructions. Instructions include the receiving bank's name and the brokerage firm's name (these must be approved telegraphic abbreviation "short" form).

**AGENT or BROKER NAME**

**AGENT or BROKER PHONE NUMBER**

**SPECIAL HANDLING INSTRUCTIONS** - The customer name and account number at the financial institution for delivery of securities; and other instructions required by your financial institution.

Examples:

To a financial institution for safekeeping:

Routing Number: XXXXXXXXXX

Financial Institution Wire Name: ABC BK/TRUST

Special Handling Instructions: FURTHER CREDIT TO JOHN DOE  
TRUST ACCOUNT NUMBER XXXXXX

To a financial institution for transfer to brokerage firm:

Routing Number: XXXXXXXXXX

Financial Institution Wire Name: ABC/CUST/BRKG

Special Handling Instructions: FURTHER CREDIT TO JOHN DOE  
BROKERAGE ACCOUNT NUMBER XXXXXX

**CONFIRMATION OF THE TRANSFER**

**Legacy Treasury Direct:** You will receive a *Statement of Account* after the securities have been transferred. Under certain circumstances, there may be a hold on the account and a statement won't be mailed.

**TreasuryDirect:** Will receive an e-mail notification that the transaction has been processed.

*(If you completed Part E to transfer the securities as voluntary representative, do not complete Part D or F; skip to Part G.)*

**PART F – DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED**

Complete this part to distribute the securities and/or related payments to the persons entitled.

(Note: Series EE and Series I savings bonds within one month of final maturity cannot be reissued.)

A person acting as voluntary representative who distributes securities and/or related payments warrants, certifies, and unconditionally guarantees that he/she is making distribution to the persons entitled by the law of the decedent's domicile at the date of death.

1. Enter the name, Social Security Number, address, and phone number of only one distributee in each Part F, Item 1. (A separate Part F must be completed for each distributee.)
2. Describe only the securities and/or checks that the person shown in Item 1 is to receive, in whole or in part. See Item 2 in Part D for information on how to describe securities and/or checks.

3. Mark the box "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks described in Item 2; or if the person listed in Item 1 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he/she is to receive.

In most cases, we will need additional forms and/or information from the distributee. If so, we may contact the distributee directly. If the transaction can be processed without additional forms or information from the distributee, we will send the securities and/or payments directly to the distributee.

Note: If the distributee wants payment of eligible paper:

- For savings bonds or notes, he/she must complete the request on the reverse of the bond.
- For marketable securities, the voluntary representative must complete the assignment on the reverse of the security and the distributee must complete IRS Form W-9.

Any interest that is or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.

**PART G – SIGNATURES AND CERTIFICATIONS**

**SIGNATURES** – The application must be signed in ink.

**CERTIFICATION** – You must appear before and establish identification to the satisfaction of an authorized certifying officer. The form must be signed in the officer's presence. The certifying officer must affix the seal or stamp that is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.

**ADDITIONAL REQUIREMENTS** – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence and/or the formal administration of the estate.

**RETURN OF EVIDENCE** – If you want the evidence submitted with this form returned to you, please provide a written request when you submit the form and evidence.

**WHERE TO SEND** – Unless otherwise instructed in accompanying correspondence, send this form, all securities and/or related checks, and any necessary evidence to Department of the Treasury, Bureau of the Public Debt, using the appropriate address below:

- For a request involving **only** definitive (paper) savings bonds – PO Box 7012, Parkersburg, WV 26106-7012
- For any other request related to this form – PO Box 426, Parkersburg, WV 26106-0426

Note: You must use only one form and describe all of the securities.

**NOTICE OF PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to the address shown in the instructions.

For official use only: Customer Name	Customer No.
PD F 5394 E Department of the Treasury Bureau of the Public Debt (Revised May 2011)	<b>AGREEMENT AND REQUEST FOR DISPOSITION OF A DECEDENT'S TREASURY SECURITIES</b>
	OMB No. 1535-0131

[www.treasurydirect.gov](http://www.treasurydirect.gov)

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

**USE OF FORM** – Use this form to request disposition of United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, Savings Bonds, and Savings Notes) and/or related payments belonging to a decedent's estate, but only under one of the circumstances described in the instructions.

*Carefully read the instructions before completing this form.*

<b>PART A – DECEDENT'S INFORMATION</b>	
Provide the information below and submit certified copies of the death certificates for all deceased registrants.	
Beth Weston	
<small>(NAME OF DECEASED OWNER - If more than one person named on the securities, the person who died last)</small>	
123-45-6789	CA
<small>(Decedent's Social Security Number)</small>	<small>(State of Legal Residence)</small>

<b>PART B – CIRCUMSTANCES OF REQUEST</b>	
Mark the appropriate box to indicate the circumstances under which you are using this form. See Part B of the instructions for evidence requirements.	
1. <input checked="" type="checkbox"/>	This request is made in connection with an estate that has been administered, the legal representative discharged, and the estate closed. <b>Evidence – A certified copy of the final account or decree of distribution.</b>
2. <input type="checkbox"/>	This request is made in connection with an estate that is being settled in accordance with State statute (for example: Summary Administration, Small Estates Act, Texas Muniment of Title, or Louisiana Judgment of Possession). <b>Evidence – Submit evidence in accordance with state law or statute.</b>

<b>PART C – PERSONS ENTITLED</b>			
Complete this Part to show all persons entitled to the securities and/or related payments.			
<b>1. List the persons entitled to the securities and/or payments (according to the supporting evidence):</b>			
Name	Basis of Entitlement	Age	(if under 21)
Don Weston	Surviving Spouse		
<b>2. List persons from Item 1 who are under legal disability (if any):</b>			
Name	Legal Disability	Name and Address of Representative	Capacity

PART D – DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED				
We are the person(s) entitled to the decedent's estate and request and agree to distribution of the decedent's securities and/or checks as follows.				
1. Distribute to: <u>Don Weston</u> (Name of Entitled Person)				
<u>456-78-9012</u> (Social Security Number)		OR _____ (Employer Identification Number)		
2. Description of securities and/or payments:				
TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
Paper Series EE	10/04	M73084612EE		123-45-6789 Beth Weston 123 4th ST Sunny CA 12345
3. Extent of distribution: <input checked="" type="checkbox"/> In full <input type="checkbox"/> _____ (Amount, Fractional Share, or Percentage)				
4. Type of distribution: <i>NOTE: Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part D (see following pages) for each different registration or type of distribution desired.</i>				
<b>Savings Bonds or Notes (paper)</b> (Series A-D, E, EE, F, G, H, HH, I, J, K) <input checked="" type="checkbox"/> Payment by check <input type="checkbox"/> Payment by direct deposit <input type="checkbox"/> Conversion to electronic bond (same series) <input type="checkbox"/> Reissue in single-owner form <input type="checkbox"/> Reissue with a coowner * <input type="checkbox"/> Reissue with a beneficiary * <i>Note:</i> Savings bonds within one month of final maturity cannot be reissued. * Name of coowner or beneficiary: _____		<b>Savings Bonds (electronic)</b> (Series EE, I) <input type="checkbox"/> Payment by direct deposit <input type="checkbox"/> Transfer to TreasuryDirect® Account Number _____ <b>Treasury Bills, Notes, Bonds, and TIPS (paper or electronic)</b> <input type="checkbox"/> Transfer unmatured securities to an existing Legacy Treasury Direct or TreasuryDirect Account Number _____ <input type="checkbox"/> Transfer unmatured securities to a financial institution, broker, or dealer <input type="checkbox"/> Payment of the matured electronic or paper security--by check <input type="checkbox"/> Payment of the matured electronic security--by direct deposit		
5. Mailing address: <u>123 4th ST</u> <u>Sunny CA 12345</u>				
6. Direct-deposit funds as authorized below:				
_____ (Name/Names on the Account)				
_____ (Depositor's Account No.)			Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing No.: _____				
_____ (Financial Institution's Name)			_____ (Phone No.)	

**PART D – DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED** (Continued)

1. Distribute to: \_\_\_\_\_  
(Name of Entitled Person)

\_\_\_\_\_ OR \_\_\_\_\_  
(Social Security Number) (Employer Identification Number)

2. Description of securities and/or payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution:  In full  
 \_\_\_\_\_  
(Amount, Fractional Share, or Percentage)

4. Type of distribution:  
**NOTE: Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part D for each different registration or type of distribution desired.**

<p><b>Savings Bonds or Notes (paper)</b>  <small>(Series A-D, E, EE, F, G, H, HH, I, J, K)</small></p> <input type="checkbox"/> Payment by check <input type="checkbox"/> Payment by direct deposit <input type="checkbox"/> Conversion to electronic bond <small>(same series)</small> <input type="checkbox"/> Reissue in single-owner form <input type="checkbox"/> Reissue with a coowner * <input type="checkbox"/> Reissue with a beneficiary * <p><b>Note:</b> Savings bonds within one month of final maturity cannot be reissued.                      * Name of coowner or beneficiary:                      _____</p>	<p><b>Savings Bonds (electronic)</b>  <small>(Series EE, I)</small></p> <input type="checkbox"/> Payment by direct deposit <input type="checkbox"/> Transfer to TreasuryDirect® Account Number _____ <p><b>Treasury Bills, Notes, Bonds, and TIPS (paper or electronic)</b></p> <input type="checkbox"/> Transfer unmatured securities to an existing Legacy Treasury Direct or TreasuryDirect Account Number _____ <input type="checkbox"/> Transfer unmatured securities to a financial institution, broker, or dealer <input type="checkbox"/> Payment of the matured electronic or paper security--by check <input type="checkbox"/> Payment of the matured electronic security--by direct deposit
--	--

5. Mailing address: \_\_\_\_\_

6. Direct-deposit funds as authorized below:

\_\_\_\_\_ (Name/Names on the Account)

\_\_\_\_\_ (Depositor's Account No.) Type of Account:  Checking  Savings

Bank Routing No.: \_\_\_\_\_

\_\_\_\_\_ (Financial Institution's Name) \_\_\_\_\_ (Phone No.)

**PART D – DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED** (Continued)

1. Distribute to: \_\_\_\_\_  
 (Name of Entitled Person)  
 \_\_\_\_\_ OR \_\_\_\_\_  
 (Social Security Number) (Employer Identification Number)

2. Description of securities and/or payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution:  In full  
 \_\_\_\_\_  
 (Amount, Fractional Share, or Percentage)

4. Type of distribution:  
**NOTE: Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part D for each different registration or type of distribution desired.**

<p><b>Savings Bonds or Notes (paper)</b>                  (Series A-D, E, EE, F, G, H, HH, I, J, K)</p> <p><input type="checkbox"/> Payment by check</p> <p><input type="checkbox"/> Payment by direct deposit</p> <p><input type="checkbox"/> Conversion to electronic bond (same series)</p> <p><input type="checkbox"/> Reissue in single-owner form</p> <p><input type="checkbox"/> Reissue with a coowner *</p> <p><input type="checkbox"/> Reissue with a beneficiary *</p> <p><b>Note:</b> Savings bonds within one month of final maturity cannot be reissued.</p> <p>* Name of coowner or beneficiary:                  _____</p>	<p><b>Savings Bonds (electronic)</b>                  (Series EE, I)</p> <p><input type="checkbox"/> Payment by direct deposit</p> <p><input type="checkbox"/> Transfer to TreasuryDirect® Account Number _____</p> <p><b>Treasury Bills, Notes, Bonds, and TIPS (paper or electronic)</b></p> <p><input type="checkbox"/> Transfer unmatured securities to an existing Legacy Treasury Direct or TreasuryDirect Account Number _____</p> <p><input type="checkbox"/> Transfer unmatured securities to a financial institution, broker, or dealer</p> <p><input type="checkbox"/> Payment of the matured electronic or paper security--by check</p> <p><input type="checkbox"/> Payment of the matured electronic security--by direct deposit</p>
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5. Mailing address: \_\_\_\_\_  
 \_\_\_\_\_

6. Direct-deposit funds as authorized below:

\_\_\_\_\_ (Name/Names on the Account)  
 \_\_\_\_\_ (Depositor's Account No.) Type of Account:  Checking  Savings

Bank Routing No.: \_\_\_\_\_  
 \_\_\_\_\_ (Financial Institution's Name) \_\_\_\_\_ (Phone No.)

**PART E - SIGNATURES AND CERTIFICATIONS**

The undersigned certify under penalty of perjury that the information provided herein is true and correct to the best of our knowledge and belief and agree to distribution of the securities as indicated in Part D. We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or payments.

*You must wait until you are in the presence of a certifying officer to sign this form.*

Sign Here: ⇒ Don Weston (Applicant's Signature) (111) 222-3333 (Daytime Telephone Number)

Address: 123 4th Street, Sunny, CA 12345 (Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: Don@weston.net

Sign Here: ⇒ \_\_\_\_\_ (Applicant's Signature) \_\_\_\_\_ (Daytime Telephone Number)

Address: \_\_\_\_\_ (Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: \_\_\_\_\_

Sign Here: ⇒ \_\_\_\_\_ (Applicant's Signature) \_\_\_\_\_ (Daytime Telephone Number)

Address: \_\_\_\_\_ (Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: \_\_\_\_\_

Sign Here: ⇒ \_\_\_\_\_ (Applicant's Signature) \_\_\_\_\_ (Daytime Telephone Number)

Address: \_\_\_\_\_ (Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: \_\_\_\_\_

Sign Here: ⇒ \_\_\_\_\_ (Applicant's Signature) \_\_\_\_\_ (Daytime Telephone Number)

Address: \_\_\_\_\_ (Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: \_\_\_\_\_

Person to contact if additional information is necessary: \_\_\_\_\_ (Name, Daytime Telephone Number, and, if applicable, E-Mail Address)

Instructions to Certifying Individual:  
 1. Name of person(s) who appeared and date of appearance **MUST** be completed.  
 2. Medallion stamps require an original signature.  
 3. Person(s) must sign in your presence. **NOTE: For more than three signatures, use the next page too.**

I CERTIFY that DON WESTON, whose identity is known or was  
(Name of Person Who Appeared)  
 proven to me, personally appeared before me this 25 day of JUNE 2011,  
(Month / Year)  
 at SUNNY CA, and signed this form.  
(City / State)

(OFFICIAL STAMP OR SEAL)

June Doe, AUP  
(Signature and Title of Certifying Individual)  
BANK USA  
(Name of Financial Institution)  
123 MAIN ST  
(Address)  
SUNNY CA 12345  
(City / State / ZIP Code)  
234-567-8911  
(Telephone)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.

(Notary certification is NOT acceptable.)

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
(Name of Person Who Appeared)  
 proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month / Year)  
 at \_\_\_\_\_, and signed this form.  
(City / State)

(OFFICIAL STAMP OR SEAL)

\_\_\_\_\_  
(Signature and Title of Certifying Individual)  
 \_\_\_\_\_  
(Name of Financial Institution)  
 \_\_\_\_\_  
(Address)  
 \_\_\_\_\_  
(City / State / ZIP Code)  
 \_\_\_\_\_  
(Telephone)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.

(Notary certification is NOT acceptable.)

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
(Name of Person Who Appeared)  
 proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month / Year)  
 at \_\_\_\_\_, and signed this form.  
(City / State)

(OFFICIAL STAMP OR SEAL)

\_\_\_\_\_  
(Signature and Title of Certifying Individual)  
 \_\_\_\_\_  
(Name of Financial Institution)  
 \_\_\_\_\_  
(Address)  
 \_\_\_\_\_  
(City / State / ZIP Code)  
 \_\_\_\_\_  
(Telephone)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp.

(Notary certification is NOT acceptable.)

I CERTIFY that \_\_\_\_\_, whose identity is known or was proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, and signed this form.

(Name of Person Who Appeared) (Month / Year) (City / State)

(OFFICIAL STAMP OR SEAL) \_\_\_\_\_ (Signature and Title of Certifying Individual)

\_\_\_\_\_ (Name of Financial Institution)

\_\_\_\_\_ (Address)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp. \_\_\_\_\_ (City / State / ZIP Code)

\_\_\_\_\_ (Telephone)

(Notary certification is NOT acceptable.)

I CERTIFY that \_\_\_\_\_, whose identity is known or was proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, and signed this form.

(Name of Person Who Appeared) (Month / Year) (City / State)

(OFFICIAL STAMP OR SEAL) \_\_\_\_\_ (Signature and Title of Certifying Individual)

\_\_\_\_\_ (Name of Financial Institution)

\_\_\_\_\_ (Address)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). Brokers must use a medallion stamp. \_\_\_\_\_ (City / State / ZIP Code)

\_\_\_\_\_ (Telephone)

(Notary certification is NOT acceptable.)

**INSTRUCTIONS**

**USE OF FORM** – Use this form to request disposition of United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, Savings Bonds, and Savings Notes) and/or related payments belonging to a decedent's estate, under either of the following circumstances:

- The estate was formally administered through the court and has been closed.
- The estate is being settled in accordance with State statute such as Summary Administration, Small Estates Acts, Texas Muniment of Title, Louisiana Judgment of Possession, etc., without the necessity of the court appointing an administrator, executor, or similar legal representative.

**ATTACHMENTS** – If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form.

**PART A – DECEDENT'S INFORMATION**

**Provide the requested information regarding the decedent.** If more than one deceased person is named on the securities, provide the information for the person who died last.

Insert the following information:

- The decedent's name
- The decedent's Social Security Number
- The state of the decedent's last legal residence

**Submit certified copies of the death certificates for all deceased registrants.**

**PART B – CIRCUMSTANCES OF REQUEST**

Mark the appropriate box to indicate the circumstances under which you are using this form.

- **Mark box 1 if the estate has been settled through court proceedings and the legal representative is no longer acting.**
- **Mark box 2 if the estate is being settled in accordance with State statute** (for example: Summary Administration, Small Estates Act, Texas Muniment of Title, or Louisiana Judgment of Possession).

**Evidence Requirements:**

**If the estate is closed,** submit a certified copy under court seal of the final account or decree of distribution, if any.

**If the estate is being settled in accordance with State statute,** submit the original or a copy, certified under court seal (if filed with the court), of the evidence making distribution of the securities and/or payments or establishing your authority to collect the proceeds of the estate in accordance with the State law or statute.

**PART C – PERSONS ENTITLED**

List all persons entitled to collect the securities and/or payments through the decedent's estate, as established in the supporting evidence.

1. Show each entitled person's name, the basis of his or her entitlement (i.e., "legatee," "surviving spouse," etc.), and, if he or she is under 21, his or her age.
2. Show any of the persons listed in Item 1 who are under a legal disability. In the space for "Legal Disability," enter the nature of the disability, such as the individual is an "incapacitated person." If the court appointed a legal representative, show the legal representative's name and address. In the space for "Capacity," enter the official title or description of the representative acting, for example, "legal guardian" or "conservator." The representative must submit a certified copy under court seal of the letters of appointment dated within one year of submission.

**PART D – DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED**

1. Enter the name of only one entitled person in each Part D, Item 1. (A separate Part D must be completed for each person entitled and each type of distribution desired.) Enter the appropriate Social Security or Employer Identification Number.

2. Describe only the securities or checks to which the person shown in Item 1 is entitled, in whole or in part:
  - **TITLE OF SECURITY** – Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate. If describing a check, insert the word "check."
  - **ISSUE DATE** – Provide the issue date of each security or check.
  - **FACE AMOUNT** – Provide the face amount (par or denomination) of each security or check.
  - **IDENTIFYING NUMBER** (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.
  - **REGISTRATION** – Provide the registration of each security, check, or account; also provide the account number, if any.

Note: If the Taxpayer Identification Number is included in the registration but is masked (i.e. \*\*\*-\*\*-1234), please be sure to provide the entire number.

**EXAMPLES:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
Paper Marketable Security 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	Serial # 123	JOHN DOE AND BOB DOE SSN 222-22-2222
Electronic Marketable Security CUSIP 912795QW4	2/5/04	\$1,000		ACCT # 4800-123-1234 JIM DOE SSN 222-22-2222
Electronic Series I Savings Bond SERIES I	1/1/02	\$100	Confirmation # 12345	ACCT # N-111-111-111 BOB SMITH SSN 222-22-2222
Paper Series EE Savings Bond SERIES EE	7/99	\$100	Serial # C-123,456,789-EE	BILL SMITH OR JANE SMITH
Check CHECK	7/26/04	\$351.02	Check # 502123456	JIM SMITH

⊖ If unsure what to provide in each of the areas, furnish in the space for "REGISTRATION" all information shown on the face of the security or check.

3. Mark the block "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks described in Item 2. If the person listed in Item 1 is not to receive the entire value, mark the second block and provide the amount, fractional share, or percentage to which he or she is entitled.
4. Check the appropriate block indicating type of distribution for the particular type of security involved (securities can't be transferred from one type to another). Provide account numbers, if any.
  - Provide a separate Part D for each different registration or type of distribution desired.
  - In certain circumstances, we may need to request additional forms and/or information in order to complete the requested action. In this event, we will provide any additional forms and/or instructions.
  - Reissue or transfer (when applicable) isn't an option if there is not sufficient time to process the transaction before the security matures. If we are unable to process a reissue or transfer request before the security matures, payment will be issued. All Saving Bonds of Series A, B, C, D, E, F, G, H, J, and K, and all Savings Notes, have reached final maturity.
  - Any interest that is due or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.
5. Provide mailing instructions. *(If payment by direct deposit is desired, complete Item 6 instead.)*
6. Provide information on the bank account where the payment is to be direct-deposited. All persons requesting payment must sign in Part E of this form. If payment is to be deposited to a bank account in the name of a different person, then that person or his or her representative, who can authorize such a deposit, must also sign in Part E. For Treasury Bills, Notes, Bonds, and TIPS held in electronic form, payment of matured securities may be made by direct deposit if only one individual is entitled to payment.

**PART E – SIGNATURES AND CERTIFICATIONS**

**SIGNATURES** – The application must be signed in ink by:

- All competent persons listed in Part C, Item 1, and Part D, Item 1.
- The legal guardian or similar representative of the estate of any person under legal disability listed in Part C, Item 2, or Part D, Item 1; and
- A parent on behalf of any minor listed in Part C, Item 1, or Part D, Item 1.

**CERTIFICATION** – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying individual. The signatures to the form must be signed in the certifying individual's presence. The certifying individual must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying individuals are available at most banking institutions, including credit unions.

**ADDITIONAL EVIDENCE** – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence.

**RETURN OF EVIDENCE** – If you want the evidence submitted with this form to be returned to you, please provide a written request when you submit the form and evidence.

**WHERE TO SEND** – Send this form, all securities and/or related checks, and any necessary evidence to the Department of the Treasury, Bureau of the Public Debt, using the appropriate address below.

- H or HH Savings Bonds: PO Box 2186, Parkersburg, WV 26106-2186
- E, EE, or I Savings Bonds—paper: PO Box 7012, Parkersburg, WV 26106-7012
- E, EE, or I Savings Bonds—electronic: PO Box 7015, Parkersburg, WV 26106-7015
- Treasury Bills, Notes, Bonds, or TIPS: PO Box 426, Parkersburg, WV 26106-0426

**NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT**

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains, as otherwise authorized by law or regulation.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND your completed form to this address; send it to the appropriate address in "WHERE TO SEND" in the instructions.**

For official use only: Customer Name _____	Customer No. _____
PD F 5396 E Department of the Treasury Bureau of the Public Debt (Revised August 2011)	OMB No. 1535-0128
<h3 style="margin: 0;">Direct Deposit Sign-Up Form</h3>	
Check one: <input checked="" type="checkbox"/> Interest payments <input type="checkbox"/> Redemption payment	
<input type="checkbox"/> Check this box if the address furnished below should <i>not</i> be used to update HH and H accounts.	
<b>Please Print:</b> Name (or names, if joint account) _____ <b>Sarah Brown</b>	
Address _____ <b>123 1st Ave</b> _____ <b>Sunny CA 12345</b>	
Telephone No. (Home) _____ <b>555-555-5555</b> (Work) _____	
Social Security No. _____ <b>456-78-9012</b> OR Employer Identification No. _____	
Enter the following information OR attach a voided check*:	
Depositor's Account No. _____ <b>0827192437</b> Type of Account <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing No. _____ <b>219063220</b> Bank Phone No. _____ <b>562-222-2222</b>	
Financial Institution Name _____ <b>Bank USA</b>	
* If you want payments deposited at a credit union, <b>DO NOT ATTACH A VOIDED CHECK.</b> Ask the credit union to tell you the correct routing number to use on this form.	
<b>For a joint account, only the person whose Taxpayer Identification Number is shown should sign the form.</b> Under penalty of perjury, I certify that: 1. The Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), <b>and</b> 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 a failure to report all interest or dividends, or (c) I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding, <b>and</b> 3. I am a U.S. person (including a U.S. resident alien). (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 dividends on your tax return.)	
 _____ (Signature)	_____ 12/27/2011 (Date)
<b>Instructions:</b> Complete and sign this form to request the direct deposit of Series HH or Series H bond interest payments or a savings bond redemption payment. <b>Unless otherwise notified, the address and direct deposit information furnished will be updated on all HH and H accounts under the Taxpayer Identification Number provided.</b>	
<b>WHERE TO SEND</b> – Unless otherwise instructed, send the completed and signed form and, if applicable, the properly signed and certified bond(s), as well as any other appropriate forms and evidence, to: Treasury Retail Securities Site PO Box 214 Minneapolis, MN 55480-0214 (Phone: 800-553-2663)	
<b>NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT</b> The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109). The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions. Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes, courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains, as otherwise authorized by law or regulation. We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. <b>DO NOT SEND completed form to this address; send to the address shown above in "WHERE TO SEND."</b>	

*Note: This form may be used in lieu of form SF 1199A.*

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**Power of Attorney Packet  
United States Savings Bonds & Notes**

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We are providing this information in response to your recent inquiry. Please submit a certified copy of the Power of Attorney authorizing the attorney-in-fact to sell or cash bonds or to sell personal property. The document must have a visible stamp or seal of the certifying officer. As an alternative, the owner of the bond(s) can complete a Durable Power of Attorney for Securities and Savings Bonds Transactions (PD F 5188).

If **payment** of the bond(s) is desired, the attorney-in-fact must sign the request for payment on the back of the bond(s) in his/her fiduciary capacity in the presence of an authorized certifying officer (available at a bank, trust company, or credit union).

If a **change of address or an update to ACH** payment information for Series H/HH bond(s) is desired, the attorney-in-fact must complete a Direct Deposit Sign-Up Form (PD F 5396).

It is important that the form(s) be completed and signed in accordance with the instructions. Please note that PD F 5188 must be signed in the presence of an authorized certifying officer (available at a bank, trust company, or credit union), if applicable.

**PD F 5188 – Durable Power of Attorney for Securities and Savings Bonds Transactions**  
(Included or available for download at <http://www.TreasuryDirect.gov/forms/sec5188.pdf>)

**PD F 5396 – Direct Deposit Sign-Up Form**  
(Included or available for download at <http://www.TreasuryDirect.gov/forms/sav5396.pdf>)

**NOTE:** Savings bonds may not be reissued upon the request of an attorney-in-fact.

**Send To:**

Bureau of the Public Debt  
PO Box 7012  
Parkersburg WV 26106-7012

Include the completed form(s) and/or Power of Attorney document along with the savings bonds (if applicable).

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For further information, visit us on the web at [www.treasurydirect.gov](http://www.treasurydirect.gov) or call 304-480-7711.

Revised January 2007

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## Trust Packet

### United States Savings Bonds & Notes

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We are providing this information in response to your recent inquiry. Complete the appropriate form(s) according to the instructions. If required, sign the form(s) in the presence of an authorized certifying officer (available at a bank, trust company, or credit union).

#### Definitions:

Trust – Real or personal property held by one person for the benefit of another person (or oneself). Trusts have a specific purpose, a designated beneficiary, and specific duties for the trustee(s) as specified by the grantor. Every trust has a:

- Grantor or Donor – Person who creates the trust.
- Trustee(s) – The party or entity, named in the trust by the grantor, to care for and manage the property.
- Beneficiary – The party for whose benefit the trust was created and who receives the income from the trust.

Trust Agreement / Trust Instrument – The actual document that sets out in writing the authority, duties, and rights of everyone involved. It can be called a *declaration of trust, deed of trust, trust indenture, or agreement of trust*.

#### Types of Trusts:

##### Private Trust Estates

- Personal Trusts – Created by an individual to benefit himself or others. Personal trusts can be revocable or irrevocable, and may be known as:
  - Declaration of Trust (U/D/T) – The grantor and trustee are the same person;
  - Trust Under Agreement (U/A) – The grantor and trustee are not the same; or
  - Testamentary Trust (U/W) – Created under a will; it doesn't take effect until the grantor's death.

Public or Quasi-Public Trusts – Funds for which public bodies or officers act as trustees under express authority of law.

#### Trust Registrations:

Security registrations must include the name(s) of the trustee(s), name(s) of the grantor(s) – unless the trust is known by the trust name, such as "Smith Family Trust," and the date the trust was created. Also, the trustee(s) must sign for transaction requests for accounts registered in trust form.

#### Forms:

**PD F 1455 — Request by Fiduciary for Distribution of United States Treasury Securities**  
(Included or available for download at <http://www.TreasuryDirect.gov/forms/sav1455.pdf>)

**PD F 1851 — Request to Reissue United States Savings Bonds to a Personal Trust**  
(Included or available for download at <http://www.TreasuryDirect.gov/forms/sav1851.pdf>)

**PD F 4000 — Request to Reissue United States Savings Bonds**  
(Included or available for download at <http://www.TreasuryDirect.gov/forms/sav4000.pdf>)

**PD F 5396 — Direct Deposit Sign-Up Form**  
(Included or available for download at <http://www.TreasuryDirect.gov/forms/sav5396.pdf>)

**Additional Requirements:**

If bonds are registered in the name of a trust and a change in the registration is being requested:

- Personal Trust — Provide a copy of the entire trust agreement with any amendments or pertinent pages and any amendments certified to be a true and correct copy of the original. The following pages must be included:
  - The page showing the name and date of the trust;
  - The page(s) identifying the successor trustee(s) (if more than one successor trustee is named, also provide the portion of the trust that states if they may act independently);
  - The page with the grantor's certified signature;
  - Any amendments to the trust that may alter the information on the pages submitted or limit the authority of the trustee(s) to request the transaction.
- Testamentary Trust — Provide a certified copy of the will, under court seal. (The will must be probated in order for a testamentary trust to be effective.)

In the event the trustee named in the registration of the bond(s) is no longer acting, also provide:

- A certified copy of the trustee's death certificate; or
- A letter of resignation.

If the trust instrument or will does not name a successor trustee, a certified copy of the court order or other evidence is required.

An authorized trust registration should include the name(s) of the trustee(s), name(s) of the grantor(s), and, if applicable, the date the trust was created.

**NOTE:** Additional forms or documentation may be required depending on the transaction requested.

**Send To:**

Bureau of the Public Debt  
PO Box 7012  
Parkersburg WV 26106-7012

Include the completed form(s), bonds, and the trust instrument (if applicable).

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For further information, visit us on the web at [www.treasurydirect.gov](http://www.treasurydirect.gov) or call 304-480-7711.

Revised September 2008

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**Claim Packet**  
**United States Savings Bonds & Notes**

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We are providing this information in response to your recent inquiry. To file a claim for a bond that is lost, stolen, or destroyed, you will need to complete a PDF 1048 according to the instructions.

You will need to show a description of the bond(s) in the spaces provided on the form. This information is necessary to identify ownership records of the bonds, which establish rights, authority, and entitlement to the bonds. Please provide as much of the information as you can because failure to furnish the necessary information may prevent the issuance of a substitute bond or payment.

Please sign the form in the presence of an authorized certifying officer (available at a bank, trust company, or credit union).

**PDF 1048 – Claim for Lost, Stolen, or Destroyed United States Savings Bonds**  
(Included or available for download at <http://www.TreasuryDirect.gov/forms/sav1048.pdf>)

**Additional Requirements:**

- If the bond(s) is mutilated, carefully pack the pieces and submit them with the claim application.
- If any registrant is deceased, provide a certified copy of the death certificate.

**NOTE:** Additional forms or documentation may be required depending on the transaction requested.

**Send To:**

Bureau of the Public Debt  
PO Box 7012  
Parkersburg WV 26106-7012

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For further information, visit us on the web at [www.treasurydirect.gov](http://www.treasurydirect.gov) or call 304-480-7711.

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