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Customer Name

Customer No.

FS Form 5456
Department of the Treasury
Bureau of the Fiscal Service
(Revised August 2015)

AUTHORIZATION FOR RELEASE OF INFORMATION

IMPORTANT: 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

I _____, hereby
(Name of person authorizing the release of information)

authorize the Bureau of the Fiscal Service, Parkersburg, WV, to release all information to

(Name of person to whom information may be released)

(Name of person to whom information may be released)

concerning United States securities on which I am named or to which I am entitled.

(Signature of person authorizing the release of information)

(Date)