

For official use only: Customer Name	Case/Request No.
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FS Form 1014
Department of the Treasury
Bureau of the Fiscal Service
(Revised July 2025)

CERTIFICATE OF INCUMBENCY OF OFFICERS
(Corporation or Unincorporated Association)

OMB No. 1535-0053

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. INFORMATION REGARDING THE ORGANIZATION

- The exact name of the organization is: _____ .
- The organization is ☐ a corporation.
☐ an unincorporated association.
- The organization's principal office is located at: _____ .

2. INCUMBENCY OF OFFICERS

On what date was the assignment of officers executed? _____
(Date)

List the names and titles of the officers who were duly qualified and acting on the date of the assignment. If the assignment was not executed before this form was completed, list the officers who are presently duly qualified and acting.

NAME OF OFFICER

TITLE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. AUTHORIZATION – If the organization does not have a seal, you **MUST** wait until you are in the presence of a certifying individual to sign this form. The form must be signed by an officer other than the persons authorized in Item 2 to execute transaction requests.

I certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief.

Sign Here: ⇒

(Signature)

(SEAL OF THE
ORGANIZATION)

(Printed Name and Title)

(Daytime Phone Number)

(E-mail Address)

(Date)

4. CERTIFICATION – Certification is required **ONLY** if Organization's Seal is **NOT** affixed above.

Certifying Officer – The individual must sign in your presence; you must complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is known or was proven to me, personally appeared before me this _____ day of _____, _____, _____, at _____, and signed this form.
(City) (State)

(OFFICIAL STAMP
OR SEAL)

(Signature and Title of Certifying Officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

INSTRUCTIONS

USE OF FORM

Transactions regarding United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, Savings Bonds, and Savings Notes) requested by officers of a corporation or unincorporated association who have been authorized by title only, must be supported by proof of the officers' incumbency. This form can be used to certify the incumbency of officers (by name and title) of a corporation or unincorporated association.

IMPORTANT NOTES

- Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing. To avoid delays, read the instructions carefully and **type or print clearly in ink only**.
- **Certificates with alterations or corrections will not be accepted.**

COMPLETION OF FORM

ITEM 1. INFORMATION REGARDING THE ORGANIZATION

Provide the complete legal name of the organization. Check the appropriate box to indicate whether the organization is a corporation or an unincorporated association. Provide the complete address of the organization's main (principal) office.

ITEM 2. INCUMBENCY OF OFFICERS

Show the date on which the assignment of officers was made. Provide the names and titles of the officers who were duly qualified and acting at that time. If an assignment of officers was **not** in effect prior to the date this form is completed, list the officers (by name and title) who are presently qualified to act.

ITEM 3. AUTHORIZATION

An officer of the organization who is responsible for maintaining the organization's records must sign the form, print his/her name and title, provide his/her daytime telephone number, and insert the date that the form is executed. The officer who signs this form can't be among those listed in Item 2 (in other words, an officer may not sign his or her own authorization). The organization's seal must be affixed to the form. **If the organization does not have a seal, the form must signed in the presence of an authorized certifying officer.** See **CERTIFICATION** below.

ITEM 4. CERTIFICATION

Certification of the signature is required only if the organization's seal is not affixed to this form. In that event, the person completing this form 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 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 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 completed form **and the securities, if any**, as well as any other evidence and forms, to:

Treasury Retail Securities Services
PO Box 9150
Minneapolis, MN 55480-9150

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

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 Fiscal Service 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, the Fiscal Service 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 Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to this address; send to the address shown in "WHERE TO SEND" above.**