For official use only:	
Customer Name	Customer No.

PD F 2066 E Department of the Treasury Bureau of the Public Debt (Revised January 2006)

APPLICATION BY SURVIVORS FOR PAYMENT OF BOND OR CHECK ISSUED UNDER THE ARMED FORCES LEAVE ACT OF 1946, AS AMENDED

OMB No. 1535-0104

	United States is a crime t	hat is puni		nd/or imprisonm	ent.	se, fictitious, or fraud	dulent claim or
Mail the comple	ted form to: Departmer	t of the Tr	easury, Bureau	of the Public De	ebt, PO Box 426, Pa	arkersburg, WV 26	106-0426.
Department Circi owner or payee of his survivors on t	, as survivors entitled unular No. 793, Revised, a of which is deceased; whe date of his death, are	as amender e certify the full, true,	ed, request imm ne following stat and correct:	ediate paymen ements as to the	t of the bond and/or	r check hereinafter	described, the
Bond Number	TILOR — II botti botta att	Amount		Check Number	er	Amount	
Bond Number		Amount		Check Number	er	Amount	
	OWNER OR PAYEE - photocopy thereof will be		ry.	owner or paye			
ı	Name	(Inclu	Date of Death ude month, day an	d vear)		lence At the time of omplete address)	Death
		\III IOI	day an	. , ,	(0		
SurvivParenBrotheChildre	ers and Sisters? en of Deceased Brothers a - Describe the membe	n? nd Sisters?	Yes	No [No [No [No [who were living at th	ne date of death of	the deceased
	ame	Date of	Relation	shin		Address	
		Birth					
R Persons w	ho were living when dec	edent diec	d hut who have	since died:			
	ame	Age at Death	Date of Death	Married or Sing at Death	jle	Relationship	

5. PERSONS UNDER LEGAL DIS	ABILITY - The pers	ons listed in	Item 4A who are under le	gal disability are:	
Name	Legal Disab	ility	Name of Representative	ve	Capacity
6. APPLICANT ON BEHALF OF C		in the instr	uctions.) - If applicant is r	not listed above, but	is applying on beha
of one or more listed above, con	•		Application Made	Relat	ionship or
Name	Address		on Behalf of		of Interest
SIGNATURES - You must wait un	til you are in the pr	esence of a	certifying officer to sign	n this form.	
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(Signature)	(Daytime Telepl	hone No.)	(Signature)	(1	Daytime Telephone No
Applicant to contact:	ame, Daytime Telepho	ne Number a	nd F-Mail Address)	if additional info	ormation is necessary.
CERTIFICATION – All signatures			ŕ		
				*	
Certifying Officer – The individ	duais must sign in j	your preser	ice. Complete the certifi	ication and affix yo	ur stamp or seal.
I CERTIFY that			, w	hose identity is know	vn or was proven
to me, personally appeared before r	ne this	day of		,	,
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at(City)	, 6 (State)	and signed th	nis form.		
			(Cianatura and ti	itle of certifying officer)	
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(2) PD F 2066

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PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

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.**

INSTRUCTIONS

USE OF FORM – This form is to be used to request payment of an Armed Forces Leave Bond or check issued under Section 6 of the Armed Forces Leave Act of 1946, as amended, where the owner died without assigning the bond to the Administrator of Veterans Affairs prior to payment, or without presenting the check for payment. The Act provides that bonds or checks in the name of a now deceased owner or payee will be paid only to the decedent's survivors by the Secretary of the Treasury, upon their request and application, to the first of the following class of survivors who were living at the date of the decedent's death, in equal shares:

- Surviving spouse and/or children,
- Parents,
- Brothers and Sisters, and
- · Children of Deceased Brothers and Sisters.

Payment will not be made to the members of a particular class of survivors if a member of a prior class was living at the date of the decedent's death. Payment will not be made to an administrator, executor, or creditor of the decedent's estate. Survivorship is determined at the date of the decedent's death and if a person shown to be entitled then dies, payment is made to that person's estate and all persons entitled must join in the application. Denominational exchange, partial payment, or reissue in the names of survivors is not permitted.

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. Provide the serial number and face amount of each unpaid bond or check.
- ITEM 2. Enter the full name of the deceased bond owner and/or payee of check. Enter the month, day, and year of death. Enter the decedent's complete legal residence at time of death. Mark the appropriate box to indicate the decedent's marital status at the time of death. (See description of divorce in Item 3 below.) Provide the decedent's death certificate or a photocopy thereof.
- ITEM 3. Mark one box for each question, to indicate whether there were survivors of each class. Survivors are defined in detail below:
 - Surviving Spouse and/or Children Wife or husband of owner or payee. A "child" includes: legitimate child, child legally adopted, stepchild, if at the time of the decedent's death, such stepchild was a member of the decedent's household; illegitimate child, but in case of a deceased male, only if he has been judicially ordered or decreed to contribute to such child's support, has been judicially decreed to be the adopted father of such child, or has acknowledged under oath in writing that he is the father of such child; and a person to whom the decedent at the time of his/her death stood loco parentis (designated caregiver) and so stood for not less than 12 months prior to his/her death.
 - Parents Father or mother, grandfather or grandmother, stepfather or stepmother, father or mother through adoption, or any person who stood in loco parentis (designated caregiver) to the deceased owner or payee for a period of not less than 12 months prior to the death of the decedent. Preference will be given to the parent or parents, not exceeding two, who actually exercised parental relationship at the time of or most nearly prior to date of death.
 - **Brothers and Sisters** Brothers and sisters of whole blood, brothers and sisters of half blood, stepbrothers and stepsisters, and brothers and sisters through adoption.
 - Children of Deceased Brothers and Sisters Nieces and nephews of deceased owner or payee. See "Surviving Spouse and/or Children" for definition of "child."
- ITEM 4. Enter the requested information, as indicated below:
 - Persons Still Living Enter the full name of each person now living as defined in Instruction 3. For each person, furnish the complete address, month, day, and year of birth, and exact relationship of the person to the decedent. In case of an application by a parent other than the actual father and mother still living together, a signed and sworn statement must be attached giving the names of all parents as defined in the Act, and stating facts relied upon to support the application submitted.
 - Persons Who were Living when the Decedent Died but Who have since Died For each deceased person, enter date of death,
 age of person at date of death, state whether married, single, or divorced, and show the relationship of each person to the deceased
 owner.
- ITEM 5. Show the name of any person listed in Item 4 who is under legal disability. Under "Legal Disability," enter the nature of the disability, such as the individual is a "minor" or the individual is "incompetent." Under "Capacity" enter the official title or description of the representative, for example, "legal guardian" or "conservator," and show that person's address. If appointed by the court, attach up-to-date proof of appointment under court seal.
- If applicant does not come under any category shown in questions 3 through 5, but is submitting application on behalf of one or more survivors of the deceased owner or payee as a representative of the estate of any such survivor, or is acting in some similar representative capacity, such applicant should give all necessary information relative to the deceased owner or payee and relative to the survivor on whose behalf representation is made. Enter the full name and address of the applicant. Enter the full name of the survivor on whose behalf application is made. Give the relationship of the applicant to the survivor, such as administrator, or executor of estate of deceased child of deceased owner or payee. Explain fully the basis of application. Payment to minors will be made to a legally appointed guardian, if one has been appointed (provide proof of appointment, under seal of the court). Otherwise, payment will be made as the Secretary of the Treasury deems appropriate. The Secretary's determination is final.

SIGNATURES – Each person entitled to payment in his/her own right or on behalf of a minor under age 17 or under a legal disability must sign the form in ink, in the presence of an authorized certifying officer, and provide his/her daytime telephone number. A married woman, in signing, must use her own given name, not that of her husband, as "Ms. Mary Jones," not "Mrs. Frank Jones." An IRS Form W-9 must also be completed and signed by each survivor or his/her authorized representative, to certify the social security number of that survivor.

CERTIFICATION – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the presence of the officer. The certifying officer must complete the certification forms provided and 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 complete list of such officers see Department of the Treasury Circular No. 300, current revision, 31 CFR 306.

WHERE TO SEND – Send the completed PD F 2066, the bonds and/or check, certified death certificate, and IRS Form(s) W-9 to the Department of the Treasury, Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426.

QUESTIONS? - Call us at (304) 480-7537.

(4) PD F 2066