

# FHA NEW ACCOUNT REQUEST

INVESTOR INFOR	MATION				FOR DEPARTMENT USE
ACCOUNT NAME					
				[	ACCOUNT NUMBER
					ENTERED BY
ADDRESS					
					APPROVED BY
					DATE APPROVED
	City	State	1	ZIP-CODE	
TAXPAYER IDENT	IFICATION I	NUMBER			
1ST NAMED OWNER			OR		IDENTIFICATION NUMBER
CONTACT PERSON	N				_
			NAME		-
TELEPHONE NUM	BER				
()					
< <u> </u>					
DIRECT DEPOSIT	INFORMATI	ION		ACCOUNT TYPE	CHECKING
				(Check One)	SAVINGS
ROUTING NUMBER		Limit	9 characters)		
FINANCIAL INSTITU					(Limit 30 characters)
ACCOUNT NUMBER				(Limit 17 characters)	
ACCOUNT NAME				Limit 22	2 characters)
AUTHORIZATION					
	I submit this re	equest pursuant to the provisions of	of 31 CFR Part 306 an	d 31 CFR Part 337.	
	Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number and that I am not subject to backup withholding because (1) 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 (2) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. I further certify that all other information				
		is form is true, correct and comple			
		SIGNATURE			DATE
		SEE INSTRUCTIONS FOR PRI	VACY ACT AND PAPER	WORK REDUCTION ACT	

## PURPOSE

You may use this form to establish a HUD account. The Bureau of the Public Debt will establish and maintain your book-entry account for the future deposit of debentures.

### IMPORTANT NOTICES

This form cannot be used for the purchase of debentures or to request a change to an existing account.

Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and print in ink only.

# TAXPAYER IDENTIFICATION NUMBER

Provide the taxpayer identification number required on tax returns and other documents submitted to the Internal Revenue Service. For individuals, this is the social security number (SSN) of the person whose name appears FIRST on the account. In the case of a partnership, company, organization or trust, the employer identification number assigned by the IRS is used.

# DIRECT DEPOSIT INFORMATION

Enter the following information:

- ROUTING NUMBER (your financial institution's ABA identifying number)
- FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be made)
- ACCOUNT NUMBER (the account number at your financial institution)
- ACCOUNT TYPE (checking or savings)
- ACCOUNT NAME (the name as it appears on the account at your financial institution)

Payments to you will be made by direct deposit to the financial institution you designate. The ROUTING NUMBER can be obtained from the institution or found on the bottom line of a check or deposit slip. When providing your account number, please include hyphens. A hyphen is represented by the symbol ".

## AUTHORIZATION

Sign and date the request form. Requests in the names of two individuals may be signed by either. However, if the second-named owner signs, then IRS Form W-9 signed by the first-named owner, must be submitted with the request. If the IRS has notified you that you are subject to backup withholding and you have not received notice from the IRS that backup withholding has terminated, you should strike out the language certifying that you are not subject to backup withholding.

## SUBMISSION

Submit this request to:	Bureau of the Public Debt		
	Special Investments Branch		
	200 Third Street		
	P.O. Box 396		
	Parkersburg, WV 26106-0396		

Telephone Number: (304) 480-5299 Fax Number: (304) 480-5277 Internet Address: <u>http://www.publicdebt.treas.gov/spe/spe.htm</u> E-Mail Address: <u>opda-sib@bpd.treas.gov</u>

### NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

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 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. DO NOT SEND completed form to the above address; send to the correct address shown in the instructions.