For official use only:	Customer No.	
Customer Name	Customer No.	

PD F 5394 E Department of the Treasury Bureau of the Public Debt (Revised July 2005)

AGREEMENT AND REQUEST FOR DISPOSITION OF A DECEDENT'S TREASURY SECURITIES

OMB No. 1535-0131

Visit us on the Web at 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 re Savings Bonds, and Savings Notes) circumstances described in the instruc	and/or related payme		
Treasury Bills, Notes, Bonds, a	ress listed below that is - PO Box 2186, Parkersl – PO Box 7012, Parkers ronic) Savings Bonds – F and TIPS (paper and ele	appropriate to the type of security invoburg, WV 26106-2186	.7015
PART A – DECEDENT'S INFORMATIO		uons before completing this form.	
Provide the information below and su		f the death certificates for all deceas	ed registrants.
(NAME OF DECEASED	O OWNER - If more than on	e person named on the securities, the person	on who died last)
(Decedent's Social	Security Number)	(State of Legal Reside	ence)
PART B – CIRCUMSTANCES OF REQI	JEST		
Mark the appropriate box to indicate the requirements.		hich you are using this form. See Par	t B of the instructions for evidence
		at has been administered, the legal real account or decree of distribution.	epresentative discharged, and the
	Act, Texas Muniment o	is being settled in accordance with Sta of Title, or Louisiana Judgment of Po	
Complete this Part to show all persons e	ntitled to the securities a	and/or related payments	
1. List the persons entitled to the sec		• •	ince):
Name	ando and or paymon	Basis of Entitlement	Age (if under 21)
2. List persons from Item 1 (if any) wh	o are under legal disal Legal Disability	bility: Name and Address of Representa	tive Capacity

re are the person(s) entitled to	are decedent	o cotate and reques	t and agree to distribution of t	the decedent's securities and/or checks as fo
I. Distribute to:			(Name of Entitled Person))
			,	,
(Sc	ocial Security N	umber)	OR	(Employer Identification Number)
. Description of securities	and/or paym	ents:		_
TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
	☐ In full			
. Extent of distribution: . Type of distribution: NOTE: Choose the optio	(Amour	nt/Fractional Share/ or		't be transferred from one type to another.
Complete a separate Par	t D for each d	ifferent registration	or type of distribution desi	red.
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* Name of Coowner/Bene	eficiary:		the unmatured security	
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	·	— Ш Рау	rment of the matured Book-E	Entry security (by Direct Deposit)
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(Dep	oositor's Acco	ount No.)		
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Type of Account: Checking Saving (Depositor's Account No.) Bank Routing No.:	(Name/Names on the Account) Type of Account: Checking Saving (Depositor's Account No.) Bank Routing No.:		(Financial	Institution's Name)		(Phone No.)

(4)

PART E - SIGNATURES AND CERTIFICATIONS

Sign Here: ⇒

Address: __

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.

(City)

(Applicant's Signature)

(Number and Street Rural Route or PO Box)

	(Maribor and Stroot, Marar Mode, or 1 & Box)	(Oity)	(Otato)	(211 3343)
E-Mail Address:				
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Sign Here: ⇒	(Applicant's Signature)		(Daytime	Telephone Number)
Address:	(Number and Street, Rural Route, or PO Box)			
				(ZIP Code)
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	(Number and Street, Rural Route, or PO Box)	(City)	(State)	(ZIP Code)
E-Mail Address:				
erson to contact if addition	onal information is necessary:			A.I.
	(Name, Day	rtime Telephone N	umber, and E-Mail	Address, if applicable)

(5)

PD F 5394

(Daytime Telephone Number)

(State)

(ZIP Code)

Certifying Officer - The individuals must sign in you	r presence. You must complete	e the certification and affi	x your stamp or seal.
I CERTIFY that		, whose identi	ty is known or was
proven to me, personally appeared before me this	day of	, (Month)	, (Year)
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OR SEAL)	(Number	r and Street or Rural Route)	
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(6)

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 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/her entitlement (i.e., "legatee," "surviving spouse," etc.), and his/her age, if under 21.
- 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 appointed by the court, 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

Complete Items 1 through 5.

- 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.

Part D continued on next page.

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PART D - DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED (continued from previous page)

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-111-11-1111 BOB SMITH
Paper Series EE Savings Bond SERIES EE	7/99	\$100	Serial # C-123,456,789-EE	SSN 222-22-222 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 all information shown on the face of the security or check in the space for REGISTRATION.
- 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; **or** 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/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.
 - Requests for reissue or transfer (when applicable) may not be available if there is not sufficient time to process the
 transaction before the security matures. If we are unable to process the reissue or transfer request before the security
 matures, payment will be issued. All Saving Bonds of Series A, B, C, D, F, G, J, and K, and Savings Notes have reached
 final maturity and must be redeemed.
 - Any interest which 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.
- 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/her representative, who can authorize such a deposit, must also sign in Part E. For marketable Treasury Bills, Notes, Bonds, and TIPS held in book-entry, payment may be made by Direct Deposit only if 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 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 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 returned to you, please provide a written request when you submit the form and evidence.

WHERE TO SEND – Send the completed form, all of the securities, if any, and required evidence to the appropriate address as shown at the beginning of this form.

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 address shown in "WHERE TO SEND" above.**

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