



POWER OF ATTORNEY FOR SECURITY TRANSACTIONS

SEE INSTRUCTIONS - TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

1. TreasuryDirect ACCOUNT INFORMATION	FOR DEPARTMENT USE
TreasuryDirect ACCOUNT NUMBER _____ ACCOUNT NAME _____ _____ This Power of Attorney is in effect for ALL securities maintained in this account during the term of authorization.	_____ DOCUMENT AUTHORITY _____ APPROVED BY _____ DATE APPROVED

2. POWER OF ATTORNEY

_____ Hereby Appoints _____
Name of Grantor Name of Grantee

Attorney-in-fact, individually or in a fiduciary capacity, with authority to perform any transactions to the account described above [including, but not limited to, change of payment information; transfer or sale of securities; purchase by ACH debit (*Pay Direct*®); or reinvestments].

How long is the term of this authorization?

Until revoked. This Power of Attorney shall not be affected by the Grantor's subsequent incapacity or disability.

For the attached transaction(s) only.

(Unless otherwise indicated, the term of this authorization will be for the attached transaction(s) only.)

3. AUTHORIZATION YOU MUST WAIT UNTIL YOU ARE IN THE PRESENCE OF A CERTIFYING INDIVIDUAL TO SIGN THIS FORM.

The undersigned hereby ratifies any and all authorized transactions by the designated attorney-in-fact.

Signature Date Telephone

4. CERTIFICATION The Grantor's signature **MUST** be certified by an authorized certifying individual.

Instructions to Certifying Individual: Name of person(s) who appeared and date of appearance **MUST** be completed.

I certify that _____, whose identity(ies) is/are known or proven
Name of Person(s) Who Appeared

to me, personally appeared before me this _____ day of _____ and signed this Power of Attorney.
Month/Year

ACCEPTABLE CERTIFICATIONS:

1. Financial Institution's official seal or stamp
 (Such as Corporate Seal or Signature Guaranteed Stamp).
2. Notary Public's official seal or stamp.

Signature and Title of Certifying Individual

Name of Financial Institution

Address

City/State/ZIP Code

MY COMMISSION EXPIRES _____
(For notaries only) _____
Telephone



INSTRUCTIONS FOR COMPLETING A POWER OF ATTORNEY FOR SECURITY TRANSACTIONS

PURPOSE

You can use this form to appoint and authorize an attorney-in-fact to conduct transactions regarding *TreasuryDirect* securities.

IMPORTANT NOTE

- **This form gives the individual or organization you name as attorney-in-fact broad powers to handle your *TreasuryDirect* securities. If you have questions about these powers, you should seek competent legal advice before signing this form.**
- 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 this form. To avoid delays, read the instructions carefully and **type or print clearly in ink only**. Where spaces are provided, enter only one number in each space.
- **POWERS OF ATTORNEY WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

1. *TreasuryDirect* ACCOUNT INFORMATION

Provide your *TreasuryDirect* ACCOUNT NUMBER and ACCOUNT NAME. You will find this information on your *TreasuryDirect* *Statement of Account*. All securities maintained now and hereafter in this account are subject to this power of attorney.

2. POWER OF ATTORNEY

Provide the name of the GRANTOR (the individual or organization granting the power of attorney) and the GRANTEE (the individual or organization being appointed attorney-in-fact). Completion of this form will permit the named individual or organization to conduct any authorized transactions regarding the account listed on the front of the form. (The GRANTEE is not authorized to transfer securities to an account in his/her own name.)

3. AUTHORIZATION

The grantor must sign and date the request form in ink. If the grantor is an organization, a resolution authorizing the appointment of an attorney-in-fact must be attached. *Resolution for Security Transactions* (PD F 5189) may be used for this purpose.

Is the grantor a trustee? yes no

If yes, you must provide excerpts of the trust including: the page showing name and date of trust; the page showing an agent or attorney-in-fact may be appointed; the signature page, and the authentication statement.

4. CERTIFICATION

Certification of the grantor's signature is required. Acceptable certifying individuals include authorized employees of insured depository institutions and corporate central credit unions. A notary public may also certify this form.

SUBMISSION

Completed forms should be submitted to Marketable Assistance Branch, Bureau of the Public Debt, P.O. Box 426, Parkersburg, WV 26106-0426.

Retention of Power of Attorney - If this form is submitted in support of a specific transaction request, subsequent requests should be accompanied by additional power of attorney forms. If this Power of Attorney is to remain in effect until revoked, this form will be retained at the Bureau of the Public Debt. In order to be effective, changes or revocations to this Power of Attorney must be in writing (notarized or certified) and must be sent to the Bureau of the Public Debt. The Department of the Treasury (Bureau of the Public Debt) will not be responsible for recognizing changes or revocations not submitted.

CONTACT

Call us toll-free in the United States at 1-800-722-2678. Outside the U.S.? Call us at (617) 994-5500.

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 for requesting the information is to enable the Bureau of the Public Debt 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 Public Debt 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 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.**

