DRAFT					
For official use only:			Customer No.		
Customer Name PD F 5511 E				OMB No. XXXX-XXXX	
Department of the Treasury Bureau of the Public Debt (XXXXXXX 2007)	ary Direct ®	TRANSFER RE	QUEST	www.treasurydirect.gov (304) 480-xxxx	
Use this form to request the transport your TreasuryDirect account, which	Use this form to request the transfer of on-line E, EE, and I savings bonds and Treasury bills, notes, bonds, and TIPS in your TreasuryDirect account, which cannot be completed online.				
Carefully read all of the instruction	ns before completing this f	orm.			
1. TREASURYDIRECT [®] ACCOU	NT INFORMATION				
Account Number:					
Account Owner's Name:	(First Name)	(Middle Name/Initial)		(Last Name)	
Account Owner's Social Security	Number:				
Complete a separate form for e transferred is more than can be			umber of sec	curities to be	
	fellouine described on line	T			
I request/consent to transfer of the	-	·			
2. Description of Securities <i>Note:</i>	If you are transferring mult	tiple securities, you mi	ust transfer th	e full amount.	
Confirmation Number		Portion to be Transfe			
	(if neither block is on the security in I	checked, transfer in I	FULL will be	assumed)	
	OR				
	Transfer of security to t	the Extent of \$			
	Transfer of security in I	FULL			
	Transfer of security to t	the Extent of \$			
	Transfer of security in FULL				
	OR Transfer of security to the Extent of \$				
Transfer of security in FULL OR					
	Transfer of security to t	the Extent of \$			
	Transfer of security in I	=ULL			
	OR Transfer of security to t				

3. Transfer to Another TreasuryDirect Account

I request/consent to transfer of the on-line Treasury securities described in Item 2 as indicated below.

By submitting this form, I certify that I understand the securities described will be removed from my account and transferred to the recipient's TreasuryDirect Account. I also understand the registration of the transferred securities will be changed to show the owner of the account receiving the securities as the single owner.

If this is a savings bond transaction, I certify that this transfer is either for the purpose of making a gift or is in response to a final judgment, court order, divorce decree, or property settlement agreement.

TAX LIABILITY: I certify that I understand this transaction may be reported to the Internal Revenue Service and that this transfer may result in a tax liability.

ansfer security(ies) to:			
Account Number:			
Account Owner's Name:			
	(First Name)	(Middle Name/Initial)	(Last Name)

4. Transfer to a Legacy Treasury Direct Account

I authorize the Treasury Department to remove the securities described in Item 2 from my control within the TreasuryDirect system and transfer them to the Legacy Treasury Direct account designated below. I understand that this transfer transaction will be processed in accordance with the provisions cited in 31 CFR Parts 356, 357, and 363, and that I agree to abide by these provisions. I further understand that this transaction may be rejected or its processing delayed if I provided incorrect information and/or submitted the transaction immediately prior to a Closed Book Period. I certify that I have the authority to request this transaction.

Transfer Instruc TRANSFER TO NUMBER	tions	Y DIRECT ACCOUNT	
LEGACY TREASU	JRY DIRECT ACCOUNT N		(May be left blank if New Account Request [PD F 5182] is attached.)
ACCOUNT NAME			
			<pre>Identify the Legacy Treasury Direct account to which you want your securities transferred.</pre>
	TIFICATION NUMBER (IF	AVAILABLE)	
1 st Named Owner		OR	
	Social Security Number	Employer Identification	Number

5. Transfer to a Financial Institution

I authorize the Treasury Department to remove the securities described in Item 2 from my control within the TreasuryDirect system and transfer them to the financial institution or brokerage firm designated below. I understand that this transfer transaction will be processed in accordance with the provisions cited in 31 CFR Parts 356, 357, and 363, and that I agree to abide by these provisions. I further understand that this transaction may be rejected or its processing delayed if I provided incorrect information and/or submitted the transaction immediately prior to a Closed Book Period. I certify that I have the authority to request this transaction.

Transfer Instructions

TRANSFER TO A FINANCIAL INSTITUTION (Before completing, see instructions.)

ROUTING NUMBER

FINANCIAL INSTITUTION WIRE NAME

SPECIAL HANDLING INSTRUCTIONS

SIGNATURES AND CERTIFICATIONS

Under penalties of perjury, I certify that the information provide on this form is true, correct, and complete. This request is submitted pursuant to the applicable provisions of 31 CFR Parts 315, 353, 356, 357, 360, and 363.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: \Rightarrow _____

(Signature)

Daytime Telephone No.

(Number and Street or Rural Route, City, State, and ZIP Code)

Certifying (Dfficer – Each individual must sig	gn in your presence.	Complete th	he certification and affix you	ır stamp or seal.	
I CERTIFY that				, whose identity i	s known or was	
proven to me, pe	rsonally appeared before me this		_ day of	(Month)	, (Year)	
at(City)) (State	, and signed this	s form.	х <i>й</i>	· · ·	
			(Sign	nature of Certifying Officer)		
(OFFICIAL STAMP OR SEAL)			(Title of Certifying Officer)			
		(Number and Street or Rural Route)				
		(City)		(State)	(ZIP Code)	

INSTRUCTIONS

No. 1 ACCOUNT INFORMATION

TreasuryDirect Account information – Provide the TreasuryDirect Account Number and the Account Owner's Name and Social Security Number.

No. 2 DESCRIPTION OF SECURITIES

Description of Securities – List the confirmation number for each security that you are requesting transfer of in whole or in part. For each security listed, indicate whether you are requesting transfer in full or in part by checking the appropriate box in the column next to the security confirmation number; if you don't check either box, we will assume transfer in full. Note: If you are transferring multiple securities, you must transfer the **full** amount.

If partial transfer of E, EE, or I savings bonds is requested, check the appropriate box and specify the amount you are requesting be transferred. You can request partial transfer of a bond as long as the amount that you are requesting be transferred is at least \$25.00 or more and the redemption value of the remaining portion of the bonds is not less than \$25.00. For example, you can request partial transfer of a bond that has a value of \$67.12 to the extent of any amount from \$25.00 to \$42.12. A bond must have a current redemption value of at least \$50.00 or more before you can request partial transfer. Transfer will be comprised of principal and a proportionate amount of interest.

If partial transfer of Treasury bills, notes, bonds, or TIPS is requested, check the appropriate box and specify the amount you are requesting be transferred. Enter only the amount being transferred (in \$1,000 increments) and list the confirmation number. **NOTE: The amount to be transferred and the amount remaining in the CUSIP must satisfy both the minimum and multiple holding requirements for the security.**

No. 3

TRANSFER TO ANOTHER TREASURYDIRECT ACCOUNT

• TreasuryDirect ACCOUNT NUMBER – Enter the number of the account to which the securities are being transferred.

- ACCOUNT OWNER'S NAME Enter the account owner's name or the name of the person entitled.
- ACCOUNT OWNER'S SOCIAL SECURITY NUMBER Enter the account owner's social security number.

Upon transfer, the registration of the securities will be changed to show the owner of the recipient account as the single owner.

No. 4	TRANSFER TO A LEGACY TREASURY DIRECT ACCOUNT
•	Legacy Treasury Direct ACCOUNT NUMBER - Enter the number of the account to which the securities are being
	transferred. If a new account has not yet been established, please leave the ACCOUNT NUMBER blank and include
	a completed <i>New Account Request</i> (PD F 5182).
•	ACCOUNT NAME - Enter the ACCOUNT NAME (registration) as shown on the transferee's Statement of Account or,

in the case of a new account, on the *New Account Request* (PD F 5182).
TAXPAYER IDENTIFICATION NUMBER – If available, enter the TAXPAYER IDENTIFICATION NUMBER used on

the account to which the securities are to be transferred.

No. 5	TRANSFE	ER TO A FINANCIAL INSTITU	JTION		
Contact the financial institution for their "Book-Entry" delivery instructions. Please note: Securities CANNOT be transferred to a checking or savings account. Provide the following information:					
 FINANCIAL include the firm's name SPECIAL I delivery of 	 ROUTING NUMBER – ABA (identification) number of the financial institution receiving the securities. FINANCIAL INSTITUTION WIRE NAME – Provide the institution's "Book-Entry" delivery instructions. Instructions include the receiving bank's name and safekeeping account number OR the receiving bank's name and the brokerage firm's name (these must be in the approved telegraphic abbreviation "short" form). SPECIAL HANDLING INSTRUCTIONS – The customer name and account number at the financial institution for delivery of securities and any other instructions required by your financial institution, such as the name and telephone number of the person to be contacted at the financial institution for questions about the securities. 				
Examples: To a finan	ncial instit	ution for safekeeping:	To a financial institution for	transfer to a brokerage firm:	
Rout	ing Number:	XXXXXXXXX	Routing Number:	XXXXXXXXX	
Financial Institution	Wire Name:	ABC BK/TRUST	Financial Institution Wire Name:	ABC/CUST/BRKG	
Special Handling	Instructions:	FURTHER CREDIT TO JOHN DOE	Special Handling Instructions:	FURTHER CREDIT TO JOHN DOE	
		TRUST ACCOUNT NUMBER XXXXXX		BROKERAGE ACCOUNT NUMBER XXXXXX	

Note: All scheduled reinvestments will be cancelled at the time of transfer.

SIGNATURES AND CERTIFICATIONS (Complete this Part for ALL transactions)

Signatures/Certifications – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in the officer's presence. The officer must then complete the certification form provided and imprint the seal or stamp required in certifying requests. For certifications within the United States, the certifying individual must be authorized to bind his/her institution by his/her acts and guarantee signatures to assignments of securities or certify assignments of securities. For a list of authorized certifying individuals and the required evidence of authority, see Title 31 CFR Part 363.

If you are a parent of a minor Account Owner, your signature certifies that you are requesting the transaction on the minor's behalf, for the minor's benefit.

Applicant to Contact – Furnish the name, daytime telephone number, and e-mail address, if applicable, of the applicant to contact if additional information is necessary.

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.

Assembly of Form – Complete and submit only the Parts of the form that apply to the transaction(s) requested. Parts A and F must be completed and submitted for all transactions. Multiple copies of any Part may be completed and submitted together, if necessary. Attach all completed Parts together, in alphabetical order.

Where to Send – Send all completed Parts of the form, as well as any other forms and evidence, to:

DEPARTMENT OF THE TREASURY BUREAU OF THE PUBLIC DEBT PO BOX 7015 PARKERSBURG, WV 26106-7015

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 xx 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 the completed form to the above address; send to the address shown in "Where to Send" in the instructions.