

**DRAFT**

For official use only:

Customer Name

Customer No.

PD F 5511 E  
Department of the Treasury  
Bureau of the Public Debt  
(XXXXXXXXXX 2007)

**TreasuryDirect®**

**TRANSFER REQUEST**

OMB No. XXXX-XXXX

[www.treasurydirect.gov](http://www.treasurydirect.gov)  
(304) 480-xxxx

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 instructions before completing this form.**

**1. TREASURYDIRECT® ACCOUNT 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 each separate transfer request and/or if the number of securities to be transferred is more than can be described in the space provided.

I request/consent to transfer of the following described on-line Treasury securities.

2. Description of Securities *Note: If you are transferring multiple securities, you must transfer the full amount.*

Confirmation Number	Portion to be Transferred (if neither block is checked, transfer in FULL will be assumed)
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the Extent of \$ _____

**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.

**Transfer Instructions**

*Transfer security(ies) to:*

**Account Number:** \_\_\_\_\_

**Account Owner's Name:** \_\_\_\_\_  
(First Name) (Middle Name/Initial) (Last Name)

**Account Owner's Social Security Number:** \_\_\_\_\_

**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 Instructions**

**TRANSFER TO A LEGACY TREASURY DIRECT ACCOUNT NUMBER**

LEGACY TREASURY DIRECT ACCOUNT NUMBER \_\_\_\_\_ (May be left blank if New Account Request [PD F 5182] is attached.)

**ACCOUNT NAME**

} Identify the Legacy Treasury Direct account to which you want your securities transferred.

TAXPAYER IDENTIFICATION NUMBER (IF AVAILABLE)

1<sup>st</sup> Named Owner \_\_\_\_\_ OR \_\_\_\_\_  
Social Security Number Employer Identification Number



## 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 *New Account Request* (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      TRANSFER TO A FINANCIAL INSTITUTION**

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:

- 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.

<b>Examples: To a financial institution for safekeeping:</b>	<b>To a financial institution for transfer to a brokerage firm:</b>
Routing 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 TRUST ACCOUNT NUMBER XXXXXX	Special Handling Instructions: FURTHER CREDIT TO JOHN DOE 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.**