

For official use only: Customer Name	Customer No.
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Department of the Treasury  
Bureau of the Public Debt  
(Revised January 2004)

## RESOLUTION FOR TRANSACTIONS INVOLVING TREASURY SECURITIES

OMB No. 1535-0117

**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**

**1. DESCRIPTION OF SECURITIES** – Describe the securities in the spaces below.

TITLE OF SECURITY <small>(Identify by interest rate, title, call and maturity dates)</small>	SERIAL NUMBER	FACE AMOUNT	REGISTRATION <small>(Exact inscription on each security)</small>

*(If more space is needed to describe your securities, use a continuation sheet and attach it to this form.)*

**2. RESOLUTION** – Provide the names and titles of individuals being granted authority. If more than one individual is named and all must sign, use "and" between the names. If any one of the individuals may sign, use "or" between the names.

Resolved that: \_\_\_\_\_  
\_\_\_\_\_

is/are authorized to perform any transactions for the securities described above (including, but not limited to, change of payment information, transfer or sale of securities, or reinvestments);

The authorized individual(s)  may  may not appoint an attorney-in-fact with authority in turn to appoint one or more substitutes.  
*("May not" will be assumed unless otherwise indicated);*

The individuals are authorized to execute on behalf of this organization as  principal  surety  principal or surety bonds of indemnity to support relief on account of the loss, theft, or destruction of United States securities for which claims for relief are handled by the Treasury Department and to receive checks or securities issued in settlement of claims; and

It is further resolved that any action taken by the individuals listed above is hereby ratified and that this authorization shall remain in effect for  1 year  2 years  other \_\_\_\_\_ from the date of certification. *(One year will be assumed unless otherwise indicated.)*

**3. AUTHORIZATION** – I certify that the foregoing is a true copy of a resolution adopted at a meeting of the governing body of:

\_\_\_\_\_  
(Name of Organization)

and that said meeting was duly called and held and that the resolution was duly adopted and is in full force.

***If your organization does not have a seal, you MUST wait until you are in the presence of a certifying individual to sign this form. The form must be signed by an officer other than the persons authorized herein to execute transaction requests.***

<b>(SEAL OF THE ORGANIZATION)</b>	(Signature or Signatures)	(Date)
	(Title)	(Telephone Number)

**4. CERTIFICATION** – Certification required **ONLY** if organization's Seal is **NOT** affixed above.

***Instructions to Certifying Individual: The individual(s) must sign in your presence. Name(s) of person(s) who appeared and date of appearance MUST be completed and you must affix your stamp or seal.***

I CERTIFY that \_\_\_\_\_ whose identity (or the identity of each of whom) is well-known or  
(Name(s) of Person(s) Who Appeared)  
proved to me, personally appeared before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(Month) \_\_\_\_\_, \_\_\_\_\_,  
(Year)  
at \_\_\_\_\_, \_\_\_\_\_, and signed this resolution.  
(City) (State)

**(OFFICIAL STAMP OR SEAL)**

\_\_\_\_\_  
(Signature and Title of Certifying Officer)

\_\_\_\_\_  
(Name of Financial Institution)

My commission expires \_\_\_\_\_  
(For notaries only)

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

## INSTRUCTIONS

### USE OF FORM

This form can be used to authorize individuals (by name and title) in an organization to conduct any transactions regarding Treasury securities.

### IMPORTANT NOTE

- 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 transaction. To avoid delays, read the instructions carefully and **type or print clearly in ink only**. Spaces are provided for the serial numbers.
- **RESOLUTIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

### COMPLETION OF FORM

#### ITEM 1. DESCRIPTION OF SECURITIES

Describe the securities in the spaces provided. The securities should be identified by the Loan title, interest rate, call and maturity dates, face amount, and serial number; the complete registration should also be shown in the spaces provided.

#### ITEM 2. RESOLUTION

Provide the names and titles of the individuals being granted authority. If more than one individual is named, use the conjunction "and" between the names if all individuals must sign. If any one of the individuals may sign, use the conjunction "or" between the names. Completion of this form will authorize the named individuals to conduct any transactions regarding the securities listed on the form, or execute a bond of indemnity on behalf of the organization.

Indicate whether the authorized individual has the authority to appoint an attorney-in-fact. If neither box is marked, it will be assumed that the authority has not been granted.

#### ITEM 3. AUTHORIZATION

An officer of the organization who is responsible for maintaining the organization's records should sign and date the form. This officer cannot be among those named on the front of the form (i.e., an officer may not sign his or her own authorization to conduct transactions). The organization's seal must be affixed to the form. If the organization does not have a seal, the form must be certified.

#### ITEM 4. CERTIFICATION

Certification of the officer's signature is required only if the organization's seal is not affixed to this form. Acceptable certifying individuals include authorized employees of insured depository institutions and corporate central credit unions. A notary public may also certify this form.

**WHERE TO SEND** – Completed forms should be submitted to the Bureau of the Public Debt, Marketable Assistance Branch, PO Box 426, Parkersburg, WV 26106-0426.

**RETENTION OF RESOLUTION** – If this resolution is submitted in support of a specific transaction request, subsequent requests should be accompanied by additional resolution forms. If this resolution is to remain in effect for a longer period of time, this form will be retained at the Bureau of the Public Debt. In order to be effective, changes or revocations to this resolution 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.

#### **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 "WHERE TO SEND" above.**