

For official use only:

Customer Name

Customer No.

PD F 1522 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised May 2009)

**SPECIAL FORM OF REQUEST FOR PAYMENT OF  
UNITED STATES SAVINGS AND RETIREMENT  
SECURITIES WHERE USE OF A DETACHED  
REQUEST IS AUTHORIZED**

OMB No. 1535-0004

FOR OFFICIAL USE ONLY

TRANSFER MONTH & YEAR \_\_\_\_/\_\_\_\_

FISCAL AGENT CODE \_\_\_\_\_

Visit us on the Web at  
[www.treasurydirect.gov](http://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

**1. DESCRIPTION OF BONDS**

I am the owner or person entitled to payment of the securities described below, which bear the name(s) of \_\_\_\_\_

ISSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER

(If you need more space, use the continuation sheet on Page 3.)

**2. REQUEST FOR PAYMENT**

I request that the described bonds be redeemed and payment be made in the form of

a check.

direct deposit.

To the extent of: \_\_\_\_\_

(Complete this line only if partial redemption and reissue of the remainder is desired or if the signer is only entitled to a portion of the bonds listed. See Item 2 in the Instructions.)

\_\_\_\_\_  
(Social Security Number of Payee)

OR

\_\_\_\_\_  
(Employer Identification Number of Payee)

**3. DELIVERY INSTRUCTIONS** (Read Item 3 in the Instructions before completing this section and complete only Item 3A or 3B.)

**A. Please mail my redemption check to:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Number and Street or Rural Route)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

**B. Please deposit my funds directly, as authorized below:**

\_\_\_\_\_  
(Name/Names on the Account)

\_\_\_\_\_  
(Depositor's Account No.)

Type of Account:  Checking  Savings

Bank Routing No.: \_\_\_\_\_

\_\_\_\_\_  
(Financial Institution's Name)

\_\_\_\_\_  
(Phone No.)





## INSTRUCTIONS

**USE OF FORM** – Use this form to request payment of United States Savings Bonds, Savings Notes, Retirement Plan Bonds, and Individual Retirement Bonds.

**WHO MAY COMPLETE** – This form may be completed by the owner, coowner, surviving beneficiary, or legal representative of the estate of a deceased or incompetent owner, persons entitled to the estate of a deceased registrant, or such other persons who may be entitled to payment under the regulations governing United States Savings Bonds. A minor may sign this form if, in the opinion of the certifying officer, he/she is of sufficient competency to understand the nature of the transaction. (See CERTIFICATION below.) An incompetent person may not sign this form.

**COMPLETION OF FORM** – Print clearly in ink or type all information requested.

**ITEM 1. DESCRIPTION OF BONDS** – Provide the name(s) of the person(s) shown in the inscription of the bonds for which payment is requested. Describe the bonds by issue date and serial number. If more space is needed, use the continuation sheet on Page 3. If additional space is needed, use a continuation sheet (PD F 3500) and attach it to this form.

**ITEM 2. REQUEST FOR PAYMENT**

- Mark the appropriate box to indicate whether you want to be paid by check or direct deposit.
- If the signer is entitled to a distributive share of the listed bonds or if partial redemption of bonds and reissue of the remainder is desired, that fact must be shown on the line provided. Check the box "to the extent of" and insert "\$ \_\_\_\_\_ (face amount) and reissue of the remainder." If such bonds have not reached final maturity, partial redemption at the current redemption value will be made in amounts corresponding to authorized denominations and the remainder will be reissued showing the original issue date(s). If such bonds have reached final maturity, partial redemption is not permitted and, in this event, full payment will be made.
- The payee's Taxpayer Identification Number **must** be provided. Furnish the Social Security Number if the payee is an individual. If an estate is involved and IRS has assigned an Employer Identification Number, provide that number.
- *Please verify account information for accuracy and legibility to avoid a delay in deposit.*

**ITEM 3. DELIVERY INSTRUCTIONS**

- If payment is to be made by check, furnish the name and address where the check is to be mailed in Item 3A.
- For payment by Direct Deposit, complete Item 3B. Furnish the name(s) on the account, the account number, the type of account, and the financial institution's name, the routing/transit number which identifies the institution, and the institution's phone number. You may need to contact the financial institution to obtain the routing number.

**ITEM 4. SIGNATURE** – The person(s) requesting payment of the bonds must sign the form in ink, print his/her name, and provide his/her address, daytime telephone number, and if applicable, e-mail address. If the name of a person requesting payment has been changed by marriage or in any other legal manner from the name in the inscription of the bonds, the signature to the request for payment must show both names and the manner in which the change was made; for example, "Miss Mary T. Jones now by marriage Mrs. Mary T. Smith." (See CERTIFICATION below.)

**CERTIFICATION** – The person(s) requesting payment of the bonds must appear before and establish identification to the satisfaction of an officer authorized to certify requests for payment of United States Savings Bonds and sign the request in the presence of the officer. If a minor signs the forms, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530 and Public Debt Series Nos. 3-80 and 2-98.

**WHERE TO SEND** – Send the PD F 1522 E and the bonds, as well as any other appropriate forms and evidence, to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site  
PO Box 299  
Pittsburgh, PA 15230-0299  
1-800-245-2804

Treasury Retail Securities Site  
PO Box 214  
Minneapolis, MN 55480-0214  
1-800-553-2663