



**AUTHORIZATION**

DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF AN AUTHORIZED CERTIFYING INDIVIDUAL.

I SUBMIT THIS REQUEST PURSUANT TO THE PROVISIONS OF 31 CFR PART 306 AND 31 CFR PART 337.

UNDER PENALTIES OF PURJURY, I CERTIFY THAT THE INFOMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE (IF APPROPRIATE)

**CERTIFICATION**

YOUR SIGNATURE MUST BE CERTIFIED BY AN AUTHORIZED CERTIFYING INDIVIDUAL.

I CERTIFY THAT THE ABOVE-NAMED PERSON(S) AS DESCRIBED, WHOSE IDENTITY IS KNOWN OR PROVEN TO ME, PERSONALLY APPEARED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_

Month/Year

City/State

OFFICIAL SEAL  
OR STAMP  
(SUCH AS  
CORPORATE SEAL,  
SIGNATURE  
GUARANTEED  
STAMP, OR  
MEDALLION STAMP).

\_\_\_\_\_  
SIGNATURE AND TITLE OF CERTIFYING INDIVIDUAL

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE

CERTIFICATION BY A NOTARY PUBLIC IS **NOT** ACCEPTABLE.

## INSTRUCTIONS FOR COMPLETING AN FHA DEBENTURE TRANSACTION REQUEST

### PURPOSE

You may use this form to request the **transfer of debentures** from one HUD account to another HUD account.

### IMPORTANT NOTICES

**This form cannot be used to transfer debentures to a financial institution.**

Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and **print clearly in ink only**.

### S/B HUD ACCOUNT INFORMATION

Print your HUD ACCOUNT NUMBER and the ACCOUNT NAME as stated on your HUD STATEMENT OF ACCOUNT.

### DEBENTURE IDENTIFICATION AND AMOUNT

Complete one line per CUSIP number, indicating the dollar amount of debentures to be transferred. THE AMOUNT TO BE TRANSFERRED AND THE AMOUNT REMAINING IN THE CUSIP MUST SATISFY THE MINIMUM HOLDING REQUIREMENTS FOR THE DEBENTURE.

### TRANSACTIONS REQUESTED

Provide the HUD ACCOUNT NUMBER, ACCOUNT NAME and if available, the taxpayer identification number of the account to which the debentures are to be transferred.

### AUTHORIZATION

Sign and date the request in the presence of an authorized certifying individual. Identification may be required. Remember, if there are two owners joined by the word "and", both must sign.

### CERTIFICATION

Certification of your signature is required. Acceptable certifying individuals include authorized employees of insured depository institutions and corporate central credit unions. Certification by a notary public is not acceptable.

### SUBMISSION

Submit this request to:  
Bureau of the Public Debt  
Special Investments Branch  
200 Third Street  
P.O. Box 396  
Parkersburg, WV 26106-0396

Telephone Number: (304) 480-5299  
Fax Number: (304) 480-5277  
Internet Address: <http://www.publicdebt.treas.gov/spe/spe.htm>  
E-Mail Address: [opda-sib@bpd.treas.gov](mailto:opda-sib@bpd.treas.gov)

### CONFIRMATION OF THE TRANSFER

You will receive a HUD STATEMENT OF ACCOUNT after your debentures have been transferred.

### 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 the instructions.**