

INSTRUCTIONS FOR COMPLETING THE ORDER FOR U.S. SAVINGS BONDS

The *Order for U.S. Savings Bonds* is a fillable order form used to purchase paper Series EE or Series I U.S. Savings Bonds. To purchase electronic savings bonds and marketable securities, visit www.treasurydirect.gov.

Please follow the instructions below to order paper savings bonds. Once you've completed all required fields, click "Continue" to print:

- A copy of your order form(s)
- Payment and mailing instructions which include an order summary to keep for your records

1. FULL NAME OF BOND OWNER OR FIRST-NAMED COOWNER. Enter the full name and Social Security Number (SSN) of the owner or first-named coowner. Initials should not be provided for both first and middle names unless they are the owner's legal given name. A Social Security Number must be provided. If this is a gift bond purchase, use the owner's name and SSN, if available. If the owner's SSN is not available, use the purchaser's SSN. Use of the purchaser's SSN does not confer rights to the bond or require interest reporting. Bonds ordered using this form may only be issued in the names of individuals (adults or minors) in single ownership, coownership, or beneficiary forms of registration.

For information about trust or other forms of registration, visit www.treasurydirect.gov.

2. NAME OF PERSON TO RECEIVE BONDS IF DIFFERENT THAN THE PERSON NAMED IN STEP 1. Complete this section only if the bonds will be mailed to a person other than the owner or first-named coowner listed in Step 1.

NOTE: This information will appear on the bond, but does not establish any ownership rights.

3. WHERE WOULD YOU LIKE THE BONDS DELIVERED? Enter the address where the bonds are to be mailed including street name and number, rural route, or post office box.

NOTE: This information will appear on the bond.

4. WOULD YOU LIKE TO NAME A COOWNER OR BENEFICIARY? (Optional) If you wish to name a coowner or beneficiary on the bonds, select the appropriate form of registration desired and enter the person's full name in the box that appears below the selection.

If you name a coowner: The bonds may be cashed by either coowner. For Series EE, the name of a living coowner cannot be eliminated without the written consent of that coowner. For Series I, the name of a living coowner cannot be eliminated unless at least one of the coowners is a party to a divorce or an annulment.

If you name a beneficiary: For Series EE and Series I, the bonds may not be cashed by the beneficiary during the lifetime of the owner. The name of a beneficiary can be eliminated without the beneficiary's consent.

5. BONDS ORDERED. Select Series EE and/or Series I and indicate next to the appropriate denomination the number of bonds being purchased.

NOTE: You may purchase up to \$5,000 of each savings bond type – Series EE or I – per person each calendar year. Additional savings bond information is available by visiting www.treasurydirect.gov.

6. PURCHASER INFORMATION. In order to promptly resolve any problems connected with this purchase order, please provide a telephone number where you ordinarily may be reached Monday through Friday, from 9 a.m. to 5 p.m. Use the check box and enter your name and address if they don't appear in the registration of the bonds as shown in Step 1 and Step 3.

After you've completed this information, select the "Continue" button to review your order. Review your purchase information, print the order, and mail it along with your payment to the designated Federal Reserve Bank. You may select "Return" to make corrections to your order. Other than your signature, do not write on the order form.

The issue date of your savings bond(s) will be the first day of the month in which the Federal Reserve Bank receives your payment of the purchase price.

If you'd like to print a gift certificate, please visit:
www.treasurydirect.gov/indiv/planning/plan_gifts_certificates.htm.

For assistance with this form, please call 1-800-553-2663 or 1-800-245-2804.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form, including the furnishing of a Social Security Number, is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States.

The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments and identify owners. Furnishing the information is voluntary; however, without the information, Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 5 minutes to complete this form. 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; instead, send to the address indicated on the mailing instructions.**