

For official use only: Customer Name	Customer No.
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PD F 5410 E  
 Department of the Treasury  
 Bureau of the Public Debt  
 (Revised April 2008)

OMB No. 1535-0136

## APPLICATION FOR REFUND OF PURCHASE PRICE OF UNITED STATES SAVINGS BONDS FOR ORGANIZATIONS

**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. The undersigned presents and surrenders for refund the following United States Savings Bonds:

ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION <small>(Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds)</small>

*(If you need more space to describe the bonds, use a continuation sheet and attach it to the form.)*

2. Refund of the purchase price is requested because:

- a.  The employee has been terminated and is not entitled to the bonds. The employee's funds were not used, in whole or in part, to purchase the bonds.
- b.  The bonds were issued in error and the registrant(s) is/are not entitled.
- c.  Other \_\_\_\_\_

THE CONDITION OF THIS OBLIGATION IS SUCH that if the above-named obligor, its successors or assigns, or any of them, shall well and truly indemnify and save harmless the United States of America from any other claim on account of said security(ies) and interest thereon and from any and all losses which the United States of America may sustain in consequence of any such other claim and shall repay to the United States of America all sums of money which the United States of America may pay on account of said security(ies) and interest thereon with interest, administrative costs, and penalties, then this obligation will be void; otherwise it will remain in full force and effect.

3. **Mail check to:** Name \_\_\_\_\_  
*(Organization's Name)*

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

Internet Address \_\_\_\_\_

**(SEE INSTRUCTIONS ON PAGE 2)**

