

For official use only:

Customer Name

Customer No.

PD F 1522 E
Department of the Treasury
Bureau of the Public Debt
(Revised April 2012)

**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

Visit us on the Web at
www.treasurydirect.gov

FOR OFFICIAL USE ONLY

TRANSFER MONTH & YEAR ____/____

FISCAL AGENT CODE _____

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, attach either a PD F 3500 [see www.treasurydirect.gov], a plain sheet of paper, or a photocopy.)

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 entitled only 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, Rural Route, or P.O. Box)

(City)

(State)

(ZIP Code)

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

(Name/Names on the Account)

Type of Account: Checking Savings

(Depositor's Account No.)

Bank Routing No.: _____

(Financial Institution's Name)

(Phone No.)

4. SIGNATURE

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: _____ (Print Name)

Home Address _____ (Number and Street, Rural Route, or P.O. Box)
_____ (City) (State) (ZIP Code) _____ (E-mail Address)
_____ (Daytime Telephone Number)

Sign Here: _____ (Print Name)

Home Address _____ (Number and Street, Rural Route, or P.O. Box)
_____ (City) (State) (ZIP Code) _____ (E-mail Address)
_____ (Daytime Telephone Number)

Instructions to Certifying Officer:

1. Name of person who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person(s) must sign in your presence.
4. Complete "RESERVED FOR IDENTIFICATION NOTATIONS" on next page and read the instructions that follow it.

I CERTIFY that _____, whose identity is known or was
(Name of Person Who Appeared)

proven to me, personally appeared before me this _____ day of _____,
(Month/Year)

at _____, and signed this form.
(City/State)

(Signature and Title of Certifying Officer)

(OFFICIAL STAMP
OR SEAL)

(Name of Financial Institution)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). **Brokers must use a medallion stamp.**

(Address)

(Notary certification is NOT acceptable.)

(City / State / ZIP Code)

(Telephone)

I CERTIFY that _____, whose identity is known or was
(Name of Person Who Appeared)

proven to me, personally appeared before me this _____ day of _____,
(Month/Year)

at _____, and signed this form.
(City/State)

(Signature and Title of Certifying Officer)

(OFFICIAL STAMP
OR SEAL)

(Name of Financial Institution)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp). **Brokers must use a medallion stamp.**

(Address)

(Notary certification is NOT acceptable.)

(City / State / ZIP Code)

(Telephone)

RESERVED FOR IDENTIFICATION NOTATIONS

- Customer Account Number and Date Established: _____ Document(s) - Description: _____
- Identified by (Signature and Address): _____

INSTRUCTIONS TO CERTIFYING OFFICER

Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally known to you. Place an adequate notation above or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and the organization will be held fully responsible for the adequacy of the identification.

The signatures to the request must be executed in your presence. Fully complete and sign the certification form provided for your use for each signature you witness.

If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

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 or 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 you need more space, attach either a PD F 3500 (see www.treasurydirect.gov), a plain sheet of paper, or a photocopy.

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 in Item 3A the name and address where the check is to be mailed.
- 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 or her name, and provide his or 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 – Unless otherwise instructed, send this form and the bonds, as well as any other appropriate forms and evidence, to either of these addresses:

Bureau of the Public Debt
PO Box 7012
Parkersburg, WV 26106-7012

OR

Treasury Retail Securities Site
PO Box 214
Minneapolis, MN 55480-0214
(Phone: 800-553-2663)

NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

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, identify owners and their accounts, and provide reports to the Internal Revenue Service. 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 15 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 a completed form to this address; send to the address in "WHERE TO SEND" in the Instructions.**