

For official use only: Customer Name	Customer No.
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Department of the Treasury
Bureau of the Public Debt
(Revised August 2011)

CHANGE OF ADDRESS AND/OR IDENTIFICATION OF ACCOUNT FOR UNITED STATES REGISTERED SECURITIES

OMB No. 1535-0064

1. PURPOSE OF FORM: I am the owner of the registered securities listed below and I am:

- Notifying you of my change of address.
 Describing holdings for identification of accounts.

2. DESCRIPTION OF SECURITIES:

TITLE OF SECURITY <small>(Identify securities by series, interest rate, type, call and maturity dates, as appropriate)</small>	FACE AMOUNT <small>(Denomination)</small>	SERIAL NUMBER	INSCRIPTION <small>(Exact inscription shown on the face of each security)</small>

3. TAXPAYER IDENTIFICATION NUMBER(S): (See the Instructions.)

(Social Security Number)	(Name to which number assigned)
(Social Security Number)	(Name to which number assigned)
(Employer Identification Number)	(Name to which number assigned)

4. CHANGE OF ADDRESS INFORMATION:

Former address:

(Name)
(Number and street, rural route, or PO box) (City) (State) (ZIP Code)

New address:

(Name)
(Number and street, rural route, or PO box) (City) (State) (ZIP Code)

5. SIGNATURE AND CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER:

Under penalty of perjury, I certify that:

1. The taxpayer identification number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

(Instructions - You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here: ⇒

(Signature of registered owner, representative, or fiduciary)	(Daytime Telephone No.)
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INSTRUCTIONS

USE OF FORM – Use this form to give notice of a change of address or to describe holdings for identification of your account(s). Use this form for Series HH or Series H savings bonds and/or registered Treasury bonds and notes in definitive (paper) form.

WHO MAY COMPLETE THE FORM – The form must be completed by the registered owner or his or her representative.

COMPLETION OF FORM

- **ITEM 1.** Check the appropriate box to indicate the purpose of the form.
- **ITEM 2.** Furnish a complete description of the securities. If more space is needed, use a plain sheet of paper and attach it to this form.
- **ITEM 3.** Furnish the appropriate taxpayer identification number and the name to which it is assigned. The following rules must be observed when furnishing the number:
 - If the securities are inscribed in the name of one person as owner, with or without a beneficiary, furnish the owner's Social Security Number. If known, the Social Security Number of the beneficiary may also be furnished.
 - If the securities are inscribed in the names of two persons as coowners, furnish the Social Security Number of the first coowner. If known, the Social Security Number of the second coowner may also be furnished.
 - If the securities are inscribed in the name of a guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward as owner, furnish the Social Security Number of the minor, incompetent, or other ward.
 - If the securities are inscribed other than in the name of a natural person (in the name of an executor, administrator, trustee, corporation, association, partnership, etc.) furnish the Taxpayer Identification Number assigned to the estate.
- **ITEM 4.** If you're notifying us of a change of address, provide your former address and your new address. ***Failure to provide prompt notice of a change of address could result in the nonreceipt of an interest check or Form 1099-INT.***
- **ITEM 5.** Carefully read the statement and certify that you are not subject to backup withholding, if appropriate. If you are subject to backup withholding, you must strike through Item 2 of this section. Sign the form and provide your daytime telephone number. The signature of a registered owner should be in the same form as that appearing on the bonds. The signature of a representative or fiduciary must be in the same form as that shown in the court papers or other evidence of authority and must be followed by the proper title and reference to the estate or trust, as for example, "John W. Smith, administrator of the estate of Henry L. Smith, deceased."

WHERE TO SEND

- For Treasury bonds or Treasury notes, send the form to:
Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426.
- For Series HH or H bonds, unless otherwise instructed send the form to:
Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214. (Phone: 800-553-2663.)

NOTICE UNDER THE 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 06 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 the completed form to this address; send the form to the appropriate address shown in "WHERE TO SEND" above.**