PD F 5179 E Department of the Treasury Bureau of the Public Debt (Revised November 2012)



OMB No. 1535-0069

SECURITY TRANSFER REQUEST www.treasurydirect.gov 800-722-2678

1. Legacy Treasury	FOR DEPARTMENT USE DOCUMENT AUTHORITY				
Legacy Treasury I ACCOUNT NAME					
-					APPROVED BY
					DATE APPROVED
SECURITIES IDE	NTIFICATION AND AN	AOUNT CHECK THE	BOXES WHICH APPLY	Y AND PROVIDE THE INFO	
_				TAND TROVIDE THE INTO	NW/ TION NE QUEUTED.
Transfer my secu	rsecurities for the abouurities totaling \$			(Additional forms are re	quired for more than 10 CUSIPs
CUSIP	AMOUNT	Department Use	CUSIP		Department Use
COOM	\$	Reference Number	COOM	\$	Reference Number
	_		-		
	- \$ \$			 \$	
	\$			<u> </u>	
	\$			\$	
	of my holdings for sferring all of your holding		st also list the specific	 c sub-accounts and amou	unts to be transferred
	ation is shown on your Led AMOUNT	gacy Treasury Direct State	ement of Account.)	SUB-ACCOUNT	AMOUNT
SUB-ACCOUNT		SUB-ACCOUNT		SUB-ACCOUNT	\$
	¥				Ψ
3. TRANSFER INSTI	RUCTIONS CHECK OF	NE BOX ONLY AND PROVID	E THE INFORMATION	REQUESTED FOR THE TR	ANSFER.
☐ INTERNAL T	TRANSFER TO ANOT	HER Legacy Treasury	/ Direct ACCOUN	Γ NUMBER	
Logacy Traceury	Direct ACCOUNT NUM	IDED		NOTE: This must be a	an existing
ACCOUNT NAME				_ account, new accounts	s aren i avallable.
ACCOUNT WILL	-				Identify the Legacy
				Treasury Direct account to which you want your	
					securities transferred.
TAXPAYER IDEN	ITIFICATION NUMBER	R (IF AVAILABLE)			
First-Named			OR		
Owner	Social Sec	urity Number	Emp	oloyer Identification Numb	per
TRANSFER	TO AN ESTABLISHE	D ONLINE TreasuryD	irect ACCOUNT N	UMBER	
TreasuryDirect AC	CCOUNT NUMBER			(May be establishe	d at www.treasurydirect.gov.)
ACCOUNT NAME	_			(May be established	a at www.acacaryancongev./
					Identify the
					TreasuryDirect account to which you want your
					securities transferred.
TAXPAYER IDEN	ITIFICATION NUMBER	R (IF AVAILABLE)			
First-Named	Social Social	urity Number	OR	olover Identification Numb	oor.

SEE INSTRUCTIONS -TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION (Before completing, see instructions.)									
ROUTING NUMBER:									
FINANCIAL INSTITUTION WIRE NAME:									
AGENT/BROKER NAME:									
AGENT/BROKER PHO	AGENT/BROKER PHONE NUMBER:								
SPECIAL HANDLING INSTRUCTIONS:									
4. AUTHORIZATION		YOU ARE IN THE PRESENCE OF A CERTIFYING OFFICER TO SIGN THIS FORM. IF ERS JOINED BY THE WORD "AND," BOTH MUST SIGN.							
I/We submit this transfer request pursuant to the provisions of Department of the Treasury Circulars, Public Debt Series Nos. 2-86 (31 CFR Part 357) and 1-93 (31 CFR Part 356).									
Under penalties of perj	ury, I/we certify that the in	nformation provided on th	is form is true, correct, and	complete.					
Signature			Title (if appropriate)						
Signature			Title (if appropriate)						
Address Telephone (Daytime)									
5. CERTIFICATION YO	UR SIGNATURE MUST BE CER	RTIFIED BY AN AUTHORIZED (CERTIFYING OFFICER						
O. OLIVIII IOATION	ON GIGHT TORE MOOT BE GET	(TITLE BY MICHORIZED)	SERVIII TIIVO OFFICER.						
Instructions to Certifying Officer: 1. Name of person(s) who appeared and date/place of appearance MUST be completed. 2. Medallion stamps require an original signature. 3. Person(s) must sign in your presence.									
I certify that			, whose identity(ies)	is/are known or proven to me,					
	Name(s) of Person(s) W	/ho Appeared							
personally appeared befor	e me this	day of	in	the year					
			Month	Year					
at	/ 01-1-	, and signed this reque	st.						
Cir	y / State								
			Signature and Title of Certifying	na Officor					
	ng Officer								
Name of Financial Institution									
							ACCEPTABLE CERTIFICATION Financial Institution's Office		
(such as Corporate Seal, S	Signature Guaranteed								
Stamp, or Medallion Stamp.	p). Brokers must		City / State / ZIP Code						
			T-1 -						
	Telephone Certification by a Notary is NOT Acceptable.								
	oc i illicati	on by a molaly is inc	, i hooepiable.						

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Legacy Treasury Direct®

INSTRUCTIONS FOR COMPLETING A SECURITY TRANSFER REQUEST

www.treasurydirect.gov 800-722-2678

PURPOSE

You may use this form to request the **transfer of securities** from a Legacy Treasury Direct account to:

- another Legacy Treasury Direct account, or
- an online TreasuryDirect account, or
- a designated account at a financial institution.

IMPORTANT NOTICES

- This form must be signed. Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- 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.**
- TRANSFER REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.

1. Legacy Treasury Direct ACCOUNT INFORMATION

Print your Legacy Treasury Direct ACCOUNT NUMBER and the ACCOUNT NAME (registration) as stated on your Legacy Treasury Direct STATEMENT OF ACCOUNT.

2. SECURITIES IDENTIFICATION AND AMOUNT

Check the boxes which apply and provide the information requested. ALL REQUIRED INFORMATION IS LISTED ON YOUR Legacy Treasury Direct Statement of Account.

To transfer ALL the securities in the Legacy Treasury Direct account listed in Section 1, check the first box.

To transfer one or more securities in your Legacy Treasury Direct account, check the second box, enter the total dollar amount of the securities being transferred, and list the CUSIP numbers and amounts.

AMOUNT - The total par for the CUSIP.

CUSIP - The number (for example, 912795XXX) that identifies the securities to be transferred (located under the heading "Security" on your *Statement of Account*).

To transfer a portion of one security in your Legacy Treasury Direct account, check the third box, enter only the amount being transferred, and list the CUSIP number. To transfer security sub-account(s), enter the sub-account number(s) and dollar amount(s) to be transferred. THE AMOUNT TO BE TRANSFERRED AND THE AMOUNT REMAINING IN THE CUSIP MUST SATISFY BOTH THE MINIMUM AND MULTIPLE HOLDING REQUIREMENTS FOR THE SECURITY.

3. TRANSFER INSTRUCTIONS

(Choose One Option Only)

INTERNAL TRANSFER TO ANOTHER Legacy Treasury Direct ACCOUNT

Check the box to transfer your securities to another Legacy Treasury Direct account number. The transfer must be to an existing account; new accounts aren't available.

- Legacy Treasury Direct ACCOUNT NUMBER Enter the number of the account to which the securities are being transferred.
- ACCOUNT NAME Enter the ACCOUNT NAME (registration) as shown on the transferee's Statement of Account.
- TAXPAYER IDENTIFICATION NUMBER If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the
 account to which the securities are to be transferred.

TRANSFER TO AN ONLINE TreasuryDirect ACCOUNT

Check the box to transfer your securities to an online TreasuryDirect account number.

- TreasuryDirect ACCOUNT NUMBER Enter the number of the account to which the securities are being transferred. If a new account has not yet been established, you can establish one at www.treasurydirect.gov.
- ACCOUNT NAME Enter the ACCOUNT NAME (registration) as shown on the online TreasuryDirect account.
- TAXPAYER IDENTIFICATION NUMBER If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the
 account to which the securities are to be transferred.

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EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION

Check the box to transfer your securities to a financial institution for safekeeping or sale. Contact the financial institution for their "Book-Entry" delivery instructions. Please note: Securities CANNOT be transferred to a checking or savings account. Provide the following information:

- ROUTING NUMBER ABA (identification) number of the financial institution receiving the securities.
- FINANCIAL INSTITUTION WIRE NAME Provide the financial institution's "Book-Entry" delivery instructions. Instructions include the receiving bank's name and safekeeping account number OR the receiving bank's name and the brokerage firm's name (these must be in the approved telegraphic abbreviation "short" form).
- AGENT/BROKER NAME
- AGENT/BROKER PHONE NUMBER
- SPECIAL HANDLING INSTRUCTIONS The customer name and account number at the financial institution for delivery of securities; any other instructions required by your financial institution.

Examples: To a financial institution for safekeeping:

To a financial institution for transfer to a brokerage firm:

Routing Number: Financial Institution Wire Name: Special Handling Instructions:

XXXXXXXX ABC BK/TRUST

Routing Number: Financial Institution Wire Name: FURTHER CREDIT TO JOHN DOE TRUST ACCOUNT NUMBER XXXXXX

ABC/CUST/BRKG FURTHER CREDIT TO JOHN DOE BROKERAGE ACCOUNT NUMBER XXXXXX Special Handling Instructions:

XXXXXXXXX

4. AUTHORIZATION

Sign the request in the presence of an authorized certifying officer. Identification may be required. Remember, if there are two owners ioined by the word "and," both must sign (for example, John Doe and Mary Doe). Please provide an address and daytime telephone number (including area code) where you may be contacted if there are questions about this transfer.

Certification of your signature is required. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker is required. Please note: Certification by a notary public is NOT acceptable.

Sample certification for a financial institution:

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED **ABC National Bank** Hillview Branch

Authorized Signature

SIGNATURE GUARANTEED MEDALLION GUARANTEED Generic Brokerage

Authorized Signature XXXXXXXX SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

[Bar Code]

WHERE TO SEND

Please mail your form to the appropriate address below.

• If requesting a transfer to another Legacy Treasury Direct account or to a financial institution:

Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150

• If requesting a transfer to an online TreasuryDirect account:

Bureau of the Public Debt, PO Box 7015, Parkersburg, WV 26106-7015

This form must be received at least ten business days in advance of:

- the maturity date of the security to ensure processing, and
- an interest payment date for the security to ensure processing prior to that date.

CONTACT

Call us toll-free in the United States at 800-722-2678. Outside the U.S.? Call us at 304-480-6464.

CONFIRMATION OF THE TRANSFER

You will receive a Legacy Treasury Direct Statement of Account after your securities have been transferred. Under certain circumstances, there may be a hold on the account and a statement won't be mailed.

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 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 this address; send to the appropriate address shown in "WHERE TO SEND" in the Instructions.

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