



**SIGNATURES AND CERTIFICATIONS**

Under penalties of perjury, I/we certify that the information provided on this form is true, correct, and complete. This request is submitted pursuant to the applicable provisions of 31 CFR Parts 315, 353, 356, 357, 360, and 363. I agree to indemnify and hold the United States harmless in the event of any loss that results from this request.

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

**Sign Here**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**Home Address**

\_\_\_\_\_  
(Number and Street or Rural Route)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP Code)

\_\_\_\_\_  
(Daytime Telephone Number)

**E-Mail Address** \_\_\_\_\_

**Instructions to Certifying Individual:**

1. Name of person(s) who appeared and date 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 is  
(Name of Person Who Appeared)

known or proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_  
(Month/Year)

at \_\_\_\_\_, and signed this form.

(City/State)

\_\_\_\_\_  
(Signature and Title of Certifying Individual)

**(OFFICIAL STAMP**

\_\_\_\_\_  
(Name of Financial Institution)

**OR SEAL)**

\_\_\_\_\_  
(Address)

**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.

\_\_\_\_\_  
(City/State/ZIP Code)

\_\_\_\_\_  
(Telephone)

**IDENTIFICATION NOTATIONS**

Customer Account Number and Date Established: \_\_\_\_\_

Documents - Description: \_\_\_\_\_

Identified by (Signature and Address): \_\_\_\_\_

## INSTRUCTIONS

### USE OF FORM

The registered owner, coowner, or other person entitled to the United States securities must use this form to ratify payment of the security(ies), if the Department's investigation discloses that payment of the security(ies) was made to an unauthorized person.

### WHO SHOULD SIGN

The registered owner or coowners of the security(ies) must sign this form. If the registered owner is deceased, or is a minor or incompetent, each person entitled to the security(ies) or to an interest therein, or authorized to request payment, must sign.

### CERTIFICATION

#### Person who signs form

You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the request in the presence of the officer. 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.

#### Certifying officer

The person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he/she is personally known to you. You must place an adequate notation on page 2, 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. Complete and sign the certification form and affix the seal or stamp required in certifying requests for payment.

### WHERE TO SEND

Unless otherwise instructed in accompanying correspondence, send the completed form, the securities (if appropriate), and any other necessary evidence to the Department of the Treasury, Bureau of the Public Debt, at the appropriate address below.

- Definitive (paper) savings bonds: PO Box 7012, Parkersburg, WV 26106-7012
- Electronic securities: PO Box 733, Parkersburg, WV 26106-0733

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICES

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

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 completed form to the above address; send to the address shown in "WHERE TO SEND" above.**