

For official use only: Customer Name	Customer No.
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FS Form 5336  
Department of the Treasury  
Bureau of the Fiscal Service  
(Revised August 2015)

**DISPOSITION OF TREASURY SECURITIES BELONGING TO A DECEDENT'S  
ESTATE BEING SETTLED WITHOUT ADMINISTRATION**

OMB No. 1530-0055

[www.treasurydirect.gov](http://www.treasurydirect.gov)

**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**

A person applying to act as voluntary representative of a decedent's estate that is not being administered uses this form 1) to apply to act as voluntary representative, and 2) to request disposition of United States Treasury Securities and/or related payments belonging to the estate. See the instructions for the definition of a voluntary representative. ***If the decedent's securities and/or related payments are worth over \$100,000 redemption and/or par value as of the date of death, Treasury regulations require that the estate be administered through the court; in this event, this form may not be used.***

***Carefully read the instructions before completing this form.***

**NOTE:** When we reissue a Series EE or Series I savings bond, we no longer provide a paper bond. The reissued bond is in electronic form, in our online system TreasuryDirect. For information on opening an account in TreasuryDirect, go to [www.treasurydirect.gov](http://www.treasurydirect.gov).

**PART A – ESTATE INFORMATION**

**Provide the information below and submit certified copies of the death certificates for all deceased registrants.**

\_\_\_\_\_  
(Name of Deceased Owner - If more than one person named on the securities, the person who died last)

\_\_\_\_\_  
(Decedent's Social Security Number)

\_\_\_\_\_  
(Jurisdiction of Legal Residence)

By signing this form, I certify that a legal representative has not been and will not be appointed through the court and that the estate will not be settled in accordance with the law of the decedent's domicile (such as Summary Administration, Small Estates Act, Texas Muniment of Title, Louisiana Judgment of Possession, etc.).

***If the above statement does not apply, do not complete this form. Instead, send the securities and all evidence and/or documentation concerning the estate to the address shown in "WHERE TO SEND" above.***

**PART B – PERSON QUALIFIED TO ACT AS VOLUNTARY REPRESENTATIVE**

Title 31, Code of Federal Regulations (CFR), provides that to be qualified to act as voluntary representative, a person must be competent and eighteen years of age or older and be eligible according to the Order of Precedence for Voluntary Representative shown below. ***Carefully read the instructions before completing this Part.***

**Mark the box that represents your eligibility to act as voluntary representative.**

**Order of Precedence for Voluntary Representative**

- I am the surviving spouse***
- I am a child of the decedent and there is no competent surviving spouse***
- I am a descendant of a deceased child of the decedent and there are none of the above who are competent***
- I am a parent of the decedent and there are none of the above who are competent***
- I am a brother or sister of the decedent and there are none of the above who are competent***
- I am a descendant of a deceased brother or sister of the decedent and there are none of the above who are competent***
- I am next of kin of the decedent as determined by the law of the jurisdiction in which the decedent was domiciled at the date of death, and there are none of the above who are competent. My relationship to the decedent is***

**PART C – TYPE OF DISPOSITION**

As voluntary representative, you may request one of the following (mark the appropriate box):

- Payment to yourself as voluntary representative on behalf of all persons entitled to share in the decedent's estate (except for unmatured marketable securities). (Continue to Part D.)
- Transfer of unmatured marketable securities to a financial institution, broker, or dealer account in **MY** name to be sold on behalf of all persons entitled. (Skip to Part E.)
- Distribution of securities and/or related payments to the persons entitled according to the law of the jurisdiction in which the decedent was domiciled at the date of death. (Skip to Part F.)

**PART D – PAYMENT TO VOLUNTARY REPRESENTATIVE**

I request that payment of the savings bonds or matured Treasury bills, notes, bonds, or TIPS and/or related payments be made to me as voluntary representative.

**1. Pay to:** \_\_\_\_\_  
 (Name) (Social Security Number)

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

**2. Description of securities and/or related payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Payment Information**

Payment for **savings bonds** (paper or electronic) and electronic marketable securities will be made by **direct deposit**. Below, please identify the account where you want your payment for these securities.

For information on payment of paper marketable securities, see the Instructions.

\_\_\_\_\_ (Name or Names on the Account)

\_\_\_\_\_ (Depositor's Account No.)

Financial Institution Routing No.: \_\_\_\_\_

\_\_\_\_\_ (Financial Institution's Name) \_\_\_\_\_ (Phone No.)

Type of Account:  Checking  Savings

*(If you completed Part D to receive payment as voluntary representative, do not complete Part E or F; skip to Part G.)*

**PART E – TRANSFER TO VOLUNTARY REPRESENTATIVE**

Transfer all unmatured marketable securities in the below account(s) to a financial institution, broker, or dealer account in MY name to be sold on behalf of all persons entitled.

**1. Transfer**

to:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Social Security Number)  
\_\_\_\_\_ (Mailing Address)

**2. Securities Identification:**

ACCOUNT NUMBER(S) \_\_\_\_\_

**3. EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION** (Before completing, see instructions.)

Routing Number: \_\_\_\_\_  
Financial Institution Wire Name: \_\_\_\_\_  
Agent or Broker Name: \_\_\_\_\_  
Agent or Broker Phone Number: \_\_\_\_\_  
Special Handling Instructions: \_\_\_\_\_

*(If you completed Part E to transfer as voluntary representative, do not complete Part D or F; skip to Part G.)*

**PART F – DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED**

I request that the securities and/or related payments be distributed as follows:

**1. Distribute to:**

\_\_\_\_\_ (Name) \_\_\_\_\_ (Social Security Number)  
\_\_\_\_\_ (Mailing Address)  
\_\_\_\_\_ (Phone Number)

**2. Description of securities and/or related payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Extent of distribution:**  In full  \_\_\_\_\_ Amount, Fractional Share, or Percentage

**PART F – DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED**

I request that the securities and/or related payments be distributed as follows:

**1. Distribute to:** \_\_\_\_\_ (Name) \_\_\_\_\_ (Social Security Number)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
(Phone Number)

**2. Description of securities and/or related payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Extent of distribution:**  In full  \_\_\_\_\_ Amount, Fractional Share, or Percentage

**PART F – DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED**

I request that the securities and/or related payments be distributed as follows:

**1. Distribute to:** \_\_\_\_\_ (Name) \_\_\_\_\_ (Social Security Number)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
(Phone Number)

**2. Description of securities and/or related payments:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

**3. Extent of distribution:**  In full  \_\_\_\_\_ Amount, Fractional Share, or Percentage

**PART G - SIGNATURE AND CERTIFICATION**

I certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief and that I am eligible to act as voluntary representative. I further certify that I will distribute payment made to me as voluntary representative or that I am distributing the securities and/or related payments to the persons entitled by the law of the jurisdiction in which the decedent was domiciled at the date of death. The United States is not liable to any person for the improper distribution of payments or securities. Upon payment or distribution of the securities at my request as voluntary representative, the United States is released to the same extent as if it had paid or delivered to a representative of the estate appointed pursuant to the law of the jurisdiction in which the decedent was domiciled at the date of death.

I bind myself, my heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or payments.

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

**Sign Here: =>** \_\_\_\_\_  
(Applicant's Signature, As Voluntary Representative of the Decedent's Estate) (Daytime Telephone Number)

**Mailing Address:** \_\_\_\_\_

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

**Instructions to Certifying Officer:**

- 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 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)

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

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

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

**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.**

**(Notary certification is NOT acceptable for transfers from Legacy Treasury Direct or TreasuryDirect.)**

## INSTRUCTIONS

**ALL securities belonging to the decedent's estate must be included in this transaction. If the redemption and/or par value of all securities and/or related payments owned by the decedent as of the date of death exceeds \$100,000, Treasury regulations require that the estate be administered through the court; in this event, this form may not be used. We will recognize only ONE voluntary representative to act at any time on behalf of the decedent's estate.**

**USE OF FORM** – A voluntary representative is a person qualified by the Department of the Treasury to request disposition of United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, Savings Bonds and Savings Notes) and/or related payments (not exceeding \$100,000) that belong to a decedent's estate if the estate is not being administered through the court. A voluntary representative of the decedent's estate must complete this form to request:

- Payment on behalf of persons entitled to the estate according to the law of the jurisdiction in which the decedent was domiciled at the date of death
- Transfer of unmatured marketable securities to a financial institution, broker, or dealer account in **MY** name to be sold on behalf of all persons entitled
- Distribution of the securities to the persons entitled to the estate according to the law of the jurisdiction in which the decedent was domiciled at the date of death.

If you need more space for any item, use a plain sheet of paper or make a photocopy of the relevant section, and attach to the form.

### PART A – ESTATE INFORMATION

Provide the requested information regarding the decedent. If more than one deceased person is named on the securities, provide the information for the person who died last. **Submit certified copies of the death certificates for all deceased registrants.**

Insert the following information:

- Decedent's name
- Decedent's Social Security Number
- Jurisdiction (state, district, or territory) of decedent's last legal residence

By signing this form you certify that the decedent's estate has not been and will not be administered through a court or settled in accordance with the law of the decedent's domicile (such as Summary Administration, Small Estates Act, Texas Muniment of Title, Louisiana Judgment of Possession, etc.). **If a legal representative has been appointed by the court, if the estate has been administered and is now closed, or if you have a document establishing entitlement to the estate (other than an unprobated will), do not complete this form. Instead, send the securities and all evidence and/or documentation concerning the estate to the address shown in "WHERE TO SEND" on the last page of these instructions. Upon review of the submission, we will provide additional instructions, if necessary.**

### PART B – PERSON QUALIFIED TO ACT AS VOLUNTARY REPRESENTATIVE

Title 31, Code of Federal Regulations (CFR), provides that disposition of a decedent's estate that is not being administered through the court will be made upon the request of a person qualified to act as voluntary representative. To act as voluntary representative, you must be competent and eighteen years of age or older and be eligible according to the Order of Precedence for Voluntary Representative.

Starting at the top, read down the Order of Precedence until you find the situation that applies to you. Mark the box that represents your eligibility to act as voluntary representative. (If the last box is marked, show your relationship to the decedent.) For example, if the decedent leaves a competent surviving spouse and children (over the age of eighteen), the competent surviving spouse must complete this form. If there is no competent surviving spouse, one of the children (over the age of eighteen) must complete this form.

### PART C – TYPE OF DISPOSITION

Title 31, Code of Federal Regulations (CFR), provides that a voluntary representative may request one of the following:

- Payment to the voluntary representative on behalf of all persons entitled to share in the decedent's estate (except for unmatured marketable securities).
- Transfer of unmatured marketable securities to a financial institution, broker, or dealer account in **MY** name to be sold on behalf of all persons entitled. (Continue to Part E.)
- Distribution of securities and/or related payments to the persons entitled according to the law of the jurisdiction in which the decedent was domiciled at the date of death.

Mark the appropriate box. If you are requesting payment, continue to Part D. If you are requesting distribution, skip Part D and continue to Part E.

**PART D – PAYMENT TO VOLUNTARY REPRESENTATIVE****Complete this part to receive payment as voluntary representative for matured marketable securities.**

A person acting as voluntary representative who receives payment of securities and/or related payments warrants, certifies, and unconditionally guarantees that he or she will make distribution of the proceeds to the persons entitled by the law of the decedent's domicile at the date of death. Payment to a voluntary representative is for the convenience of the United States and does not determine ownership of the securities or their proceeds.

1. Provide your name, Social Security Number, and mailing address.

Note: Your Social Security Number may be used to **report** all of the interest earned to the Internal Revenue Service for Federal income tax purposes. For Federal income tax information, see IRS Publication 550 or contact the IRS or your tax advisor.

2. Describe the securities and/or checks:

- **TITLE OF SECURITY** – Identify each security by series, interest rate, type, CUSIP, and call and maturity date, as appropriate. If describing a check, insert the word "check."
- **ISSUE DATE** – Provide the issue date of each security or check.
- **FACE AMOUNT** – Provide the face amount (par or denomination) of each security or check.
- **IDENTIFYING NUMBER** (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.
- **REGISTRATION** – Provide the registration of each security, check, or account; also provide the account number, if any. Note: If the Taxpayer Identification Number is included in the registration but is masked (i.e. XXX-XX-1234), please be sure to provide the entire number.

**EXAMPLES:**

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
<i>Paper Marketable Security</i> 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	Serial # 123	JOHN DOE AND JANE DOE SSN 222-22-2222
<i>Electronic Marketable Security</i> CUSIP 912795QW4	2/5/04	\$1,000		ACCT # 4800-123-1234 JOHN DOE SSN 222-22-2222
<i>Electronic Series I Savings Bond</i> SERIES I	1/1/02	\$100	Confirmation # IAAAB	ACCT # N-111-11-1111 JOHN DOE
<i>Paper Series EE Savings Bond</i> SERIES EE	7/99	\$100	Serial # C-123,456,789-EE	SSN 222-22-2222 JOHN DOE OR JANE DOE
<i>Check</i> CHECK	7/26/04	\$351.02	Check # 502123456	JOHN DOE

If unsure what to provide in each of the areas, furnish all identifying information in the space for REGISTRATION.

3. Payment for **savings bonds** (paper or electronic) and electronic marketable securities will be made by **direct deposit**. To receive payment for these securities, please provide the requested information. If you don't know the routing number of your financial institution, the financial institution can give it to you.

Payment for paper marketable securities will be made by check. (This does NOT include savings bonds. Payment for savings bonds will be made by direct deposit.)

*(If you completed Part D to receive payment as voluntary representative, do not complete Part E or F; skip to Part G.)*

**PART E – TRANSFER TO VOLUNTARY REPRESENTATIVE**

**Complete this part to transfer the unmatured marketable securities to a financial institution, broker, or dealer account in YOUR name to receive payment on behalf of all person entitled.**

A person acting as voluntary representative who transfers securities warrants, certifies, and unconditionally guarantees that he/she will make distribution of the proceeds to the persons entitled by the law of the decedent's domicile at the date of death. Transfer to a voluntary representative is for the convenience of the United States and does not determine ownership of the securities or their proceeds.

**IMPORTANT NOTICES**

- **All scheduled reinvestments will be cancelled at the time of transfer.**
- **This form must be signed.** (Only original signatures and forms will be accepted (stamped signatures are not acceptable))
- **TRANSFER REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

1. Provide your name and mailing address.

2. Securities Identification

Provide the information requested. ALL REQUIRED INFORMATION IS LISTED ON THE Legacy Treasury Direct STATEMENT OF ACCOUNT or in your TreasuryDirect account.

**3. EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION**

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 the brokerage firm's name (these must be approved telegraphic abbreviation "short" form).

**AGENT or BROKER NAME**

**AGENT or BROKER PHONE NUMBER**

**SPECIAL HANDLING INSTRUCTIONS** - The customer name and account number at the financial institution for delivery of securities; and other instructions required by your financial institution.

Examples:

**To a financial institution for safekeeping:**

Routing Number: XXXXXXXXXX  
 Financial Institution Wire Name: ABC BK/TRUST  
 Special Handling Instructions: FURTHER CREDIT TO JOHN DOE  
 TRUST ACCOUNT NUMBER XXXXXX

**To a financial institution for transfer to brokerage firm:**

Routing Number: XXXXXXXXXX  
 Financial Institution Wire Name: ABC/CUST/BRKG  
 Special Handling Instructions: FURTHER CREDIT TO JOHN DOE  
 BROKERAGE ACCOUNT NUMBER XXXXXX

**CONFIRMATION OF THE TRANSFER**

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

**TreasuryDirect:** Will receive an e-mail notification that the transaction has been processed.

*(If you completed Part E to transfer the securities as voluntary representative, do not complete Part D or F; skip to Part G.)*

**PART F – DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED**

**Complete this part to distribute the securities and/or related payments to the persons entitled.**

(Note: Series EE and Series I savings bonds within one month of final maturity cannot be reissued.)

A person acting as voluntary representative who distributes securities and/or related payments warrants, certifies, and unconditionally guarantees that he or she is making distribution to the persons entitled by the law of the decedent's domicile at the date of death.

1. Enter the name, Social Security Number, address, and phone number of only one distributee in each Part F, Item 1. (Complete a separate Part F for each distributee.)
2. Describe only the securities and/or checks that the person shown in Item 1 is to receive, in whole or in part. In the instructions, see Item 2 in Part D for information on how to describe securities and/or checks.



3. Mark the box "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks described in Item 2; **or** if the person listed in Item 1 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he or she is to receive.

In most cases, we will need additional forms and/or information from the distributee. If we need them, we may contact the distributee directly. If we can process the transaction without additional forms or information from the distributee, we will.

Note: If the distributee wants payment of eligible paper:

- For savings bonds or notes, he or she must submit form FS Form 1522, available at [www.treasurydirect.gov](http://www.treasurydirect.gov).
- For marketable securities, the voluntary representative must complete the assignment on the reverse of the security and the distributee must complete IRS Form W-9.

Any interest that is or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.

## **PART G – SIGNATURES AND CERTIFICATIONS**

**SIGNATURES** – The application must be signed in ink.

**CERTIFICATION** – You must appear before and establish identification to the satisfaction of an authorized certifying officer. The form must be signed in the officer's presence. The certifying officer must affix the seal or stamp that is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.

**ADDITIONAL REQUIREMENTS** – The Commissioner of the Fiscal Service, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence and/or the formal administration of the estate.

**WHERE TO SEND** – Unless otherwise instructed in accompanying correspondence, mail this form, all securities and/or related checks, and any necessary evidence to the appropriate address:

- For Series HH or Series H savings bonds – Treasury Retail Securities Site, PO Box 2186, Minneapolis, MN 55480-2186
- For other paper savings bonds – Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214
- For securities in TreasuryDirect – Treasury Retail Securities Site, PO Box 7015, Minneapolis, MN 55480-7015
- For securities in Legacy Treasury Direct – Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150
- For paper marketable securities – Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426

Note: Use only one form and describe all the securities.

## **NOTICE OF 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 Fiscal Service 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, the Fiscal Service 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 30 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 Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND** completed form to the above address; send to the address shown in the instructions.