For official use only:	
Customer Name	Customer No.

FS Form 1022-1 Department of the Treasury Bureau of the Fiscal Service (Revised August 2015)

REPORT/APPLICATION FOR RELIEF ON ACCOUNT OF LOSS, THEFT, OR DESTRUCTION OF UNITED STATES BEARER SECURITIES (INDIVIDUALS)

OMB No. 1530-0033

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

Describe the securities in the spanning TITLE OF SECURITY	aces below.			
(Identify by interest rate, title, call and maturity dates)	SERIAL NUMBER	FACE AMOUNT	COUPONS ATTACHED	DATE ACQUIRED
and maturity datesy				
(If you need n	nore space to describe you	r securities use the c	ontinuation sheet on page 3.	1
are you the present lawful owner f you are not the owner, in what ca		r own right? Yes	No.	
When were the securities acquir	-			
Provide the name and address fro	m whom the securities we	ere acquired.		
(Name)	(Street and Number	or Rural Route)	(City) (Sta	ate) (ZIP Code)
Vere the securities:				
Lost? Yes NoStolen? Yes NoDate of theft:				
Was a police	report filed? Yes	No If Yes,	attach a copy of the repo	ort.
· ·	. `	aining pieces with t		
When was the loss discover	red?			
Who had the securities last,	and why?			
Who had access to the secu	urities?			
Where were the securities la	ast placed?			
When were the securities la				
Were any identification docu	·	Yes No]	
If Yes , please list them.			•	
 Have you received reimburs and address of the person proceedings pending or cor 	or firm making reimburs		If Yes, please explain fu of the reimbursement, and	

5. If you have been appo	ointed legal representa	tive: (See Item	า 5 in the Instructions	s.)		
 What is your leg 						
Are you court-ap	ppointed? Yes	No				
6. Taxpayer Identification	on Number:		<u> </u>	or		
Under penalty of perju	ıry, I certify that:	(Social Securi	ty Number)	(Employer Identification Number)		
	er identification number	is my correct ta	xpayer identification	number (or I am waiting for a number to be issued		
Internal Revenue s or (c) I have been	Service (IRS) that I am s	subject to backu Revenue Service	up withholding as a i	withholding, or (b) I have not been notified by the result of a failure to report all interest or dividends, subject to backup withholding, and		
	must cross out Item 2 a ou have failed to report			the IRS that you are currently subject to backup k return.)		
SIGNATURE AND CERT	TFICATION					
I certify that I do not ha information in regard to w			e securities describe	ed in Item 1 and that I do not have any further		
in the original securities jointly and severally: (1) to (2) to hold the United St securities; and (3) upon of Department of the Treasu	to the United States and surrender the original states harmless on accounterment by the Department of the sum of money who will sums of money who will sum of the sum of t	d hereby bind resecurities to the unt of any claiment of the Treas nich the Departn	myself, my heirs, ex Department of the T n by any other partie cury, to indemnify und ment may pay on acc	ring of relief, I assign all my right, title, and interest secutors, administrators, successors and assigns, reasury should they come into my/our possession; es having, or claiming to have, interests in these conditionally the United States and to repay to the count of the redemption of these original securities, ses incurred as a result of such redemption.		
Yo	ou must wait until you	are in the pres	ence of a certifying	officer to sign this form.		
Sign Here:						
	(Signature)		(Print Name)			
Home Address	(Number and S	Street or Rural Roo	ute)	(E-Mail Address)		
	(City)	(State)	(ZIP Code)	(Daytime Telephone Number)		
Certifying Officer –	The individual must sig	an in your pres	sence. Complete th	e certification and affix your stamp or seal.		
		, , , ,	•	•		
I CERTIFY that				, whose identity is known or was		
proven to me, personally	appeared before me this	s	day of	(Month) , , (Year)		
at		, and :	signed this form.			
(City)	(St	ate)				
	CIAL STAMP R SEAL)		(Signature and Title of Certifying Officer)			
			(Number and Street or Rural Route)			

(City)

(ZIP Code)

(State)

Continuation of description of securities in Item 1:

TITLE OF SECURITY				
(Identify by interest rate, title, call and maturity dates)	SERIAL NUMBER	FACE AMOUNT	COUPONS ATTACHED	DATE ACQUIRED
	1			
-				

(If you need more space to describe your securities, use a continuation sheet and attach it to the form.)

INSTRUCTIONS

USE OF FORM – Do not use this form for United States Savings Bonds, Retirement Plan Bonds, or Individual Retirement Bonds.

Individuals may use this form to apply for relief on account of loss, theft, or destruction of United States bearer securities or bearer securities of other agencies or corporations for which the Treasury Department acts as transfer agent. A bond of indemnity will ordinarily be required, but only on a form that will be provided, when necessary. The Secretary of the Treasury reserves the right to require additional evidence in any particular case.

COMPLETION OF FORM – Print clearly in ink or type all information requested. If more space is needed for any item, use a plain sheet of paper and attach it to this form.

- **ITEM 1.** Describe the securities. Provide as much information as possible. List coupons that were attached to the securities, either by number or date.
- Tell us if you are the owner of the securities, by marking the appropriate box. If you are not the owner, tell us the capacity in which you are acting. If you have been appointed legal representative, see Item 5 for further information and/or evidence required to support your application.
- Tell the exact date that you acquired the securities and show the name and complete address of the person from whom you acquired them.
- Check each box that applies. Provide complete details regarding the loss, theft, or destruction of the securities. If another person had possession of the securities, access to the securities, or knowledge of the circumstances of the loss, that person must provide a separate statement on FS Form 2243, Supplemental Statement for United States Securities, explaining the circumstances.
- **ITEM 5.** If you were appointed as legal representative because:
 - the owner is deceased (with no surviving coowner or beneficiary named on the securities), or
 - the owner or coowner is a minor, or
 - the owner or coowner is incapacitated,

complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal, showing the appointment is still in full force. If no legal representative has been appointed for a deceased or incompetent owner, advise the Bureau of the Fiscal Service and additional instructions will be provided.

ITEM 6. Provide your taxpayer identification number 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.

SIGNATURE AND CERTIFICATION

- **SIGNATURE** Sign the form in ink in the presence of the certifying officer, print your name, and provide your address, daytime telephone number, and e-mail address, if applicable.
- CERTIFICATION You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the officer's presence. The certifying officer must complete the certification form and affix the seal or stamp which is used when certifying requests for payment. Brokers must use a Medallion Stamp. 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 Circular No. 300, 31 CFR 306.

WHERE TO SEND – Send the completed form, and any additional information or evidence, to the Department of the Treasury, Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

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 55 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 correct address shown in "WHERE TO SEND" above.**