For official use only:	
Customer Name	Customer No.

FS Form 1980 Department of the Treasu Bureau of the Fiscal Servi (Revised July 2015)	.,	ANGE OF ADDF FOR UNITE			CATION OF AC D SECURITIES	COUNT	OMB No. 1530-0037	
1. PURPOSE OF FO	RM: Lan	n the owner of the	registered se	ecurities listed b	elow and I am:			
☐ Notifyi	ng you of	my change of add	dress.	Desci	ribing holdings for	identification	on of accounts.	
2. DESCRIPTION OF	F SECUR	ITIES:						
TITLE OF SECURI (Identify securities by serie rate, type, call and maturity appropriate)	s, interest FACE AMOUNT SERIAL NUMBER			NUMBER	INSCRIPTION (Exact inscription shown on the face of each security)			
3. TAXPAYER IDEN	TIFICATI	ON NUMBER(S):	(See the Ins	tructions.)				
(Social Security Number) (Name to which number assigned)								
(Social Se	curity Numb	per)		(Nam	ne to which number as	signed)		
(Employer Idea		,		(Nam	ne to which number as	signed)		
4. CHANGE OF ADD Former address:	DRESS IN	IFORMATION:						
Former address:	(Name)							
	(realité)							
	(Number	and street, rural route,	or PO box)	(City)	(Sta	ate)	(ZIP Code)	
New address:								
(Name)								
				(0);	(0)		(715.0.1.)	
- 010NIATURE AND	,	and street, rural route,		(City)	(Sta	ate)	(ZIP Code)	
5. SIGNATURE AND			PAYER IDE	NIFICATION	NUMBER:			
Under penalty of perjur			this form is my	correct taxpayer	r identification numb	per (or I am v	waiting for a number	
to be issued to n	ne), <b>and</b>		•			•	•	
(c) I have been r	e Service ( notified by	IRS) that I am subjethe Internal Revenu	ect to backup v e Service that	ithholding as a r	esult of a failure to	report all inte	erest or dividends, or	
<ol> <li>I am a U.S. pers</li> <li>(Instructions - You m</li> </ol>	nust cross	out Item 2 above	if you have b	een notified by	the IRS that you	are currently	/ subject to backup	
(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.								
,	<del>s</del> your cons	eni io any provision (	oi ans aocamen	ı omer man me ce	eruncauons required t	io avoid backi	up withinolaing.	
Sign Here: ⇒ _								
		(Signature of regist	tered owner, re	presentative, or	fiduciary)	(Daytir	me Telephone No.)	

(E-mail Address)

## **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 and, if you have one, e-mail address. 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 Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426
- For Series HH or H bonds, send the form to:

Treasury Retail Securities Site, PO Box 2186, Minneapolis, MN 55480-2186

If you have questions, call 844-284-2676 (toll free).

## 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 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 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 Fiscal Service, 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.** 

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