

For official use only:	
Customer Name	Customer No.

FS Form 5446
 Department of the Treasury
 Bureau of the Fiscal Service
 (Revised July 2015)



OFFLINE TRANSACTION REQUEST

OMB No. 1535-0138
 www.treasurydirect.gov
 844-284-2676 (toll free)

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

Use this form to request transactions that involve a TreasuryDirect account and cannot be completed online. If a . . .

- *Decedent's estate is involved, see the Instructions for examples of when this form may or may not be used.*
- *Change to an Entity Account or Entity Account Manager is involved, see the Instructions for additional evidence that may be required.*

Carefully read all of the Instructions before completing this form and complete only the parts of the form that apply to the transaction(s) requested. Parts A and F must be completed for ALL transactions.

At a glance . . .

<i>If you are the . . .</i>	<i>and are requesting . . .</i>	<i>then complete parts</i>	<i>and also provide this evidence:</i>
Account owner or parent of a minor account owner	Change or correct account name	A, E-1, and F	None required.
	Correct Social Security Number	A, E-1, and F	
	Correct date of birth	A, E-1, and F	
	Remove hardlock	A and F	
Account owner or parent of a minor account owner and the security is a restricted, converted security	Transfer	A, C, and F	If the non-converting coowner or beneficiary is deceased, a certified copy of his or her death certificate.
	Edit	A, D-1, and F	
Surviving secondary owner or beneficiary, including non-converting coowner or beneficiary	Redemption	A, B, and F	A certified copy of the decedent's death certificate.
	Transfer	A, C, and F	
Non-converting coowner or beneficiary	Edit registration	A, D-1, and F	None required.
Legal representative or legal guardian formally appointed by the court and still acting	Redemption	A, B, and F	A certified copy of your letters of appointment, dated within one year of submission.
	Transfer to a TreasuryDirect Entity Account, financial institution, or broker	A, C, and F	
Person entitled to securities due to distribution of an estate by a legal representative or restoration to competency or attainment of majority when a legal guardian has been formally appointed	Redemption	A, B, and F	A certified copy of the legal representative's or legal guardian's letters of appointment dated within one year of submission, certified copies of death certificates for all deceased registrants, and a FS Form 1455 showing distribution.
	Transfer to person(s) entitled	A, C, and F	
Attorney-in-fact	Redemption	A, B, and F	A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable state law.
	Transfer	A, C, and F	
	Edit registration	A, D-1, and F	
	Change or correct account name	A, E-1, and F	
	Correct Social Security Number	A, E-1, and F	
	Correct date of birth	A, E-1, and F	

Person(s) entitled through judicial proceedings	Redemption	A, B, and F	A certified copy of the court approved document authorizing the transaction.
	Transfer to person(s) entitled	A, C, and F	
Person entitled to securities belonging to a decedent's estate when a legal representative has not been/ will not be appointed and the estate is not being settled in accordance with state statute	Redemption	A, B, and F	A certified copy of the decedent's death certificate and properly completed FS Form 5336 showing distribution.
	Transfer to person(s) entitled	A, C, and F	
Entity Account Manager or new Entity Account Manager	Change or correct Entity Account information	A, E-2, and F	Copy of trust, corporate resolution, letters of appointment, death certificate, etc., as applicable. See Instructions.
	Change or correct Entity Account Manager information	A, E-2, and F	
	Change or correct Entity Account Manager	A, E-3, and F	
Currently acting Entity Account Manager	Change of Entity Account Manager	A, D-2, and F	Copy of trust, corporate resolution, letters of appointment, death certificate, etc., as applicable. See Instructions.

Part A

TreasuryDirect Account Name: _____

TreasuryDirect Account Number: _____

Account and Transaction Information

1. TreasuryDirect Account Information

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Taxpayer Identification Number (SSN or EIN): _____

2. Transactions Requested (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Redemption of EE or I savings bonds held in TreasuryDirect. | <input type="checkbox"/> Transfer of an EE or I savings bond from one TreasuryDirect account to another. Complete Part C-1. |
| <input type="checkbox"/> Redeem C of I account. | <input type="checkbox"/> Transfer of a Treasury bill, note, bond, FRN, or TIPS from one TreasuryDirect account to another. Complete Part C-1. |
| <input type="checkbox"/> Edit the registration of existing EE or I savings bonds held in TreasuryDirect. | <input type="checkbox"/> Transfer of a Treasury bill, note, bond, FRN, or TIPS from TreasuryDirect to a financial institution or brokerage firm for safekeeping or sale. Complete Part C-2. |
| <input type="checkbox"/> Change or correct account owner's name. | <input type="checkbox"/> Remove hardlock. |
| <input type="checkbox"/> Change or correct Entity Account information. | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Correct account owner's Social Security Number. | _____ |
| <input type="checkbox"/> Change or correct Entity Account Manager information. | _____ |
| <input type="checkbox"/> Correct account owner's date of birth. | _____ |

3. Capacity of Applicant(s) (Check all that apply.) (Supporting evidence is often required; see the Instructions.)

- Individual Account Owner
- Entity Account Manager
- Surviving secondary owner or beneficiary
- Non-converting coowner or beneficiary
- Legal representative of the estate of _____
- Legal guardian of the estate of _____
- Person(s) entitled as shown on FS Form 1455
- Parent of a minor account owner
- Attorney-in-fact
- Person(s) entitled through judicial proceedings
- Person(s) entitled to decedent's estate as shown on FS Form 5336
- Other (specify) _____

Part B

TreasuryDirect Account Name: _____

TreasuryDirect Account Number: _____

Redeem EE or I Savings Bonds Held in TreasuryDirect

Complete a separate Part B for each separate redemption request and/or if the number of savings bonds to be redeemed is more than can be described in the space provided.

I request redemption of the following EE or I savings bonds held in TreasuryDirect.

1. Description of Savings Bonds

Redeem **ALL** my savings bonds in the requested TreasuryDirect account.

Confirmation Number	Portion to be Redeemed (If neither block is checked, redemption in FULL will be assumed.)
	<input type="checkbox"/> Redemption of security or C of I in FULL OR <input type="checkbox"/> Redemption of security or C of I to the extent of \$ _____
	<input type="checkbox"/> Redemption of security or C of I in FULL OR <input type="checkbox"/> Redemption of security or C of I to the extent of \$ _____
	<input type="checkbox"/> Redemption of security or C of I in FULL OR <input type="checkbox"/> Redemption of security or C of I to the extent of \$ _____

2. Payee Information

(Name)			
	OR		
(Social Security Number)		(Employer Identification Number)	

3. Direct Deposit Instructions

I request that the proceeds from the redemption be deposited to:

(Name[s] on the Account)			
		Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
(Depositor's Account No.)			
Bank Routing No.:			
(Financial Institution's Name)		(Phone Number)	

Part C-1

TreasuryDirect Account Name:	_____
TreasuryDirect Account Number:	_____

Transfer Securities from One TreasuryDirect Account to Another

Complete a separate Part C-1 for each separate transfer request and/or if the number of securities to be transferred is more than can be described in the space provided.

I request/consent to transfer as indicated in Item 2 the following securities held in TreasuryDirect.

By submitting this form, I certify that I understand the securities described will be removed from my account and transferred to the recipient's TreasuryDirect account. I also understand the registration of the transferred securities will be changed to show the owner of the account receiving the securities as the single owner.

If this is a savings bond transaction, I certify that this transfer is either for the purpose of making a gift or is in response to a final judgment, court order, divorce decree, or property settlement agreement. (NOTE: When you buy savings bonds in TreasuryDirect, you must hold them for at least five business days before you can transfer them to other accounts.)

If this is a marketable security transaction, I understand that all scheduled reinvestments related to this security/these securities will be canceled at the time of the transfer.

NOTE: If you are requesting transfer of savings bonds to a trust, carefully read and complete Page 6.

TAX LIABILITY: I certify that I understand this transaction may be reported to the Internal Revenue Service and that this transfer may result in a tax liability.

1. Description of Securities

Transfer ALL my securities in the requested TreasuryDirect account.

Confirmation Number	Portion to be Transferred (If neither block is checked, transfer in FULL will be assumed.)
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____

2. Transfer Instructions

	<i>Transfer security(ies) to:</i>		
	TreasuryDirect Account Number:		
	TreasuryDirect Account Name:		
	Taxpayer Identification Number (SSN or EIN):		

Part C-1 (continued)

3. TAX LIABILITY NOTICE (Carefully read before completing Item 4.)

Upon the transfer of savings bonds to a trust, you must include in your gross income any accumulated interest on the bonds, if you have not already reported it, unless, under the grantor trust provisions of the Internal Revenue Code, you are treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the transferred bonds. If you are treated as the owner of that portion, the accumulated interest continues to be your income rather than that of the trust, and therefore, you may continue to defer reporting the interest earned each year. You must include the total accumulated interest in your gross income when the bonds are disposed of or finally mature, whichever is earlier. These rules apply when bonds being transferred are Series I bonds or Series EE bonds, if you are the owner of the portion of the trust represented by the tax-deferred accumulated interest.

Generally, you will be treated as the owner of a trust that you have created to the extent that you retain certain powers over or interests in the trust. For example, you will be treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the transferred bonds under the following circumstances:

- (1) You will be treated as the owner of a trust to the extent that you have an unconditional power to revest in yourself title to the trust assets. Thus, if you can, at your discretion, revoke all or part of the trust so that the bonds will be returned to you, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds.
- (2) If the trust instrument provides that the transferred bonds or the proceeds from the redemption or disposition of those bonds must be distributed to you or your spouse, or held or accumulated for future distribution to you or your spouse, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds. You will be treated as the owner in this circumstance irrespective of the terms of the trust.
- (3) You will be treated as the owner of a trust to the extent that you retain a power to control the beneficial enjoyment of property transferred to a trust. Thus, if you retain, under the terms of the trust instrument, an immediately exercisable power to determine, in your sole discretion, who will receive the bonds or the proceeds from the redemption or disposition of the bonds, then you will be treated as the owner of the portion of the trust represented by any accumulated interest.

The examples outlined above are illustrative only and they are not intended to cover all possible situations in which you could be treated as the owner of a trust or a portion of a trust. Furthermore, events can occur, such as the renunciation of a retained power or interest, which would cause you to cease being treated as the owner of a trust. If you are not sure whether you will be treated as the owner of a trust, you may request a letter ruling from the Internal Revenue Service. A request for a letter ruling should be sent to: **Internal Revenue Service, ATTN: CC: DOM: CORP: T, PO Box 7604, Ben Franklin Station, Washington, DC 20044.**

For additional information, visit <http://apps.irs.gov/app/picklist/list/writtenDeterminations.html>.

4. TAX LIABILITY STATEMENT (This section must be completed.)

You must mark box "a" or "b" to indicate if you are the owner of the portion of the trust represented. (See "TAX LIABILITY NOTICE" above.)

"Interest" includes interest earned on EE or I bonds from the issue date until the date of transfer.

This statement will also apply to all future transactions requested by the same owner(s) or person(s) entitled to the same trust.

For Federal income tax purposes:

- | | | |
|-----------|--------------------------|---|
| a. | <input type="checkbox"/> | I certify that I will be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. <i>If this box is marked, the interest will be tax-deferred (interest will not be reported to the Internal Revenue Service as a result of the transfer).</i> |
| b. | <input type="checkbox"/> | I certify that I will not be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. <i>If this box is marked, interest will be reported to the Internal Revenue Service for the taxable year in which the bonds were transferred to the trust. A 1099-INT will be generated for the Social Security Number specified.</i> |

Part C-2

TreasuryDirect Account Name: _____
 TreasuryDirect Account Number: _____

**Transfer Treasury Bills, Notes, Bonds, FRNs, or TIPS
 From TreasuryDirect to a Financial Institution or Brokerage Firm for Safekeeping or Sale**

Complete a separate Part C-2 for each separate transfer request and/or if the number of securities to be transferred is more than can be described in the space provided.

I request/consent to transfer out of TreasuryDirect the following Treasury bills, notes, bonds, FRNs, or TIPS, as indicated in Item 2.

I understand that all scheduled reinvestments related to this security/these securities will be canceled at the time of the transfer.

1. Description of Securities

Transfer **ALL** my securities in the requested TreasuryDirect account.

Confirmation Number	Portion to be Transferred (If neither block is checked, transfer in FULL will be assumed.)
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____
	<input type="checkbox"/> Transfer of security in FULL OR <input type="checkbox"/> Transfer of security to the extent of \$ _____

2. Transfer to a Financial Institution or Brokerage Firm (does NOT apply to savings bonds)

I authorize the Treasury Department to remove the securities described on this page from my control within the TreasuryDirect system and transfer them to the financial institution or brokerage firm designated below. I further understand that this transaction may be rejected or its processing delayed, if I provided incorrect information and/or submitted the transaction immediately prior to a Closed Book Period. I certify that I have the authority to request this transaction.

NOTE: Failure to provide any of the following information could delay the transfer. See instructions before completing.

Routing Number: _____ Financial Institution Wire Name: _____

Agent or Broker Name: _____ Agent or Broker Phone Number: _____

Agent or Broker Address: _____

Special Handling Instructions: _____

Part D-1

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

Edit the Registration of Securities Held in TreasuryDirect

Complete a separate Part D-1 for each new registration requested and/or if the total number of securities being edited is more than can be described in the space provided.

I request/consent to edit as indicated in Item 2 the registration of the following securities held in TreasuryDirect.

1. Description of Securities

Edit the registration of **ALL** my securities in the requested TreasuryDirect account.

Issue Date of EE and I	CUSIP Number of Treasury Bills, Notes, Bonds, FRNs, and TIPS	Confirmation Number	Registration

2. New Registration Requested

Owner/Primary Owner: _____
(First Name / Middle Name or Initial / Last Name)

Social Security Number: _____ **(required)**

The following person is to be named as: Secondary owner
 Beneficiary

Name: _____
(First Name / Middle Name or Initial / Last Name)

Social Security Number: _____ **(required)**

Part D-2

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

Consent to Change the Entity Account Manager of a TreasuryDirect Account

Complete Part D-2 to consent to a change of Entity Account Manager for a TreasuryDirect account.

I _____ hereby authorize
(Name of Entity Account Manager consenting to the change)
the Bureau of the Fiscal Service, Parkersburg, WV, to remove my personal information as the Entity
Account Manager for _____
(TreasuryDirect Entity Account Name)
and change the Entity Account Manager to _____
(Name of New Entity Account Manager)

Part E-1

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

**Change or Correct Account Information
For an Individual TreasuryDirect Account**

1. Change an Individual Account Owner's Name

I certify that the account owner's name has been legally changed by:

Marriage Divorce Adoption Naturalization Court order

Other (explain) _____

to

_____ .
(Furnish the New Legal Name)

2. Correct an Individual Account Owner's Name

I certify that the account owner's name is incorrectly shown on the account.

The account owner's correct legal name is: _____ .

3. Correct an Individual Account Owner's Social Security Number

I certify that the account owner's Social Security Number is incorrectly shown on the account.

The account owner's correct Social Security Number is: _____ .

4. Correct an Individual Account Owner's Date of Birth

I certify that the date of birth shown for the account owner on the TreasuryDirect account is incorrect and that the

account owner's correct date of birth is: _____ .
(Month / Day / Year)

Part E-2

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

Change or Correct the Entity Account Information

1. Change Entity Account Name

I certify that the Entity Account name has changed to: _____

Provide an explanation for the change: _____

2. Correct Entity Account Name

I certify that the Entity Account name is incorrectly shown on the account.

The correct account name is: _____

3. Correct Entity Account Taxpayer Identification Number

I certify that the Entity Account Taxpayer Identification Number (EIN or SSN) is incorrectly shown on the account.

The correct account Taxpayer Identification Number is: _____

Part E-2 (continued)

TreasuryDirect Account Name: _____

TreasuryDirect Account Number: _____

Change or Correct the Current Entity Account Manager Information

1. Change Entity Account Manager's Name

I certify that the Entity Account Manager's name has been legally changed by:

Marriage Divorce Naturalization Court order

Other (explain): _____

to: _____
(Furnish the New Legal Name)

2. Correct Entity Account Manager's Name

I certify that the Entity Account Manager's name is incorrectly shown on the account.

The correct Entity Account Manager's legal name is:

(First / Middle / Last)

3. Correct Entity Account Manager's Social Security Number

I certify that the Entity Account Manager's Social Security Number is incorrectly shown on the account.

The correct Entity Account Manager's Social Security Number is: _____

4. Correct Entity Account Manager's Date of Birth

I certify that the Entity Account Manager's date of birth is incorrectly shown on the account.

The Entity Account Manager's correct date of birth is: _____ .
(Month / Day / Year)

Part E-3

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

Change Entity Account Manager – New Manager Information

1. Account Manager Name: _____
(First Name / Middle Name or Initial / Last Name / Suffix)

2. Taxpayer Identification Number: _____
(Social Security Number of New Entity Account Manager)

3. Date of Birth: _____
(Month / Day / Year)

4. Street Address: _____

5. City: _____ **State:** _____ **Zip Code:** _____

6. Home Phone: _____
Work Phone: _____
Cell Phone: _____

7. Driver's License/State ID Number: _____
Issuing State: _____
Expiration Date: _____

8. E-mail Address: _____

9. Mailing Address (check one):
 Use the Entity Address **Use the Account Manager Address**

In support of the Entity Account Manager change requested above, evidentiary documentation must also be provided to explain why the change is being requested. For example, the evidence necessary may include a certified copy of:

- the trust document, if a successor trustee will be the new account manager
- a letter of resignation, if the current administrator, legal representative, or trustee resigned
- the new partnership agreement, if a member left the partnership or is stepping down as the account manager
- the corporate resolution or articles of organization, if the company reorganized or officers have changed
- the letters of appointment, if a new guardian or legal representative has been appointed
- a death certificate, if the current Entity Account Manager is deceased

NOTE: The current Entity Account Manager must complete Parts A and D-2 and sign in Part F. If he or she is unable to sign, please provide evidence as to why—evidence such as a certified copy of a death certificate.

Part F

TreasuryDirect Account Name: _____
TreasuryDirect Account Number: _____

Signatures and Certifications

The undersigned certify under penalty of perjury that the information provided herein is true and correct to the best of our knowledge and belief and agree to distribution of the securities as indicated. We bind ourselves, our 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. We 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 checks.

- You must wait until you are in the presence of a certifying officer to sign this form.
- Certifying officers are available at banks, trust companies, and credit unions.
- Certification by a notary public is NOT acceptable.

Sign Here: _____ (Signature) _____ (E-mail Address)

_____ (Mailing Address) _____ (Daytime Phone No.)

Sign Here: _____ (Signature) _____ (E-mail Address)

_____ (Mailing Address) _____ (Daytime Phone No.)

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. **NOTE:** To certify a second signature, use the next page.

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.
State)

(City,

(Signature and Title of Certifying Officer)

(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)

(Notary certification is NOT acceptable.)

(Telephone)

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.

State)

(City,

(Signature and Title of Certifying Officer)

(OFFICIAL STAMP

(Name of Financial Institution)

OR SEAL)

(Address)

(City, State, ZIP Code)

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.**

(Telephone)

(Notary certification is NOT acceptable.)

INSTRUCTIONS

Complete only the parts of the form that apply to the transaction(s) requested.

Use of Form – Use this form to request transactions that involve a TreasuryDirect account and cannot be completed online. **Complete a separate FS Form 5446 for each TreasuryDirect account number.**

If a decedent’s estate is involved, this form may be used ONLY in the following cases:

- A legal representative has been appointed and is still acting and the legal representative wishes to redeem securities. The legal representative must use a FS Form 1455 to distribute the securities to the persons entitled. The persons entitled may then use this form to request transfer or payment of securities. In order to sell unmatured Treasury bills, notes, bonds, FRNs, or TIPS, the security must be transferred to a financial institution or brokerage firm.
- A legal representative has not been appointed to settle the decedent's estate but the person entitled to the securities wishes to request transfer or payment of securities. (Use an FS Form 5336 to distribute the securities to the person[s] entitled if the redemption value of all securities owned by the decedent does not exceed \$100,000. Estates with securities valued over \$100,000 must be formally administered through the court and an administrator, executor, or similar representative appointed.) In order to sell unmatured Treasury bills, notes, bonds, FRNs, or TIPS, the security must be transferred to a financial institution or brokerage firm.

If a decedent’s estate is involved, this form may NOT be used in the following cases:

- The decedent’s estate was formally administered through the court and has been closed (use FS Form 5394).
- The decedent’s estate is being settled in accordance with State statute such as Summary Administration, Small Estates Acts, Texas Muniment of Title, Louisiana Judgment of Possession, etc., without the necessity of the court appointing an administrator, executor, or similar legal representative (use FS Form 5394).

Part A Account and Transaction Information (Complete this part for ALL transactions.)

- 1. TreasuryDirect Account Information** – Provide the TreasuryDirect account number, account name, and Taxpayer Identification Number (Social Security Number or Employer Identification Number).
- 2. Transactions Requested** – Mark the appropriate box to show the type of transaction requested. You can mark more than one box, if multiple transactions are requested.
- 3. Capacity of Applicant(s)** – Mark the box that best describes the capacity in which you are acting. You can check more than one box, if applicable. **Provide any necessary evidence, as described below:**

<i>If you check this box . . .</i>	<i>then you must also provide this evidence . . .</i>
Individual Account Owner or parent of a minor account owner, and the security is a restricted, converted security	If the non-converting coowner or beneficiary is deceased, a certified copy of his or her death certificate.
Entity Account Manager	A copy of the evidence that establishes your authority to request the transaction. If filed with a court, the evidence must be under court seal. For example: copy of trust, corporate resolution, letters of appointment, death certificate, etc., as applicable.
Surviving secondary owner or beneficiary including non-converting coowner or beneficiary	A certified copy of the decedent's death certificate.
Legal representative	A certified copy of your letters of appointment, dated within one year of submission.
Legal guardian	A certified copy of your letters of appointment, dated within one year of submission.
Person(s) entitled as shown on FS Form 1455	A certified copy of the legal representative's or legal guardian's letters of appointment dated within one year of submission, certified copies of death certificates for all deceased registrants, and a FS Form 1455 showing distribution.
Attorney-in-fact	A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable State law.

Person(s) entitled through judicial proceedings <i>(The persons shown to be entitled are making this request in connection with a legal proceeding or court order [such as divorce decree, court-approved property settlement agreement, levy, money judgment, bankruptcy proceeding] involving the owner/primary owner of the securities in TreasuryDirect.)</i>	A certified copy of the court approved document authorizing the transaction.
Person(s) entitled to decedent's estate as shown on FS Form 5336	A certified copy of the decedent's death certificate and properly completed FS Form 5336 showing distribution.
Other	A copy of the evidence that establishes your authority to request the transaction. If filed with a court, the evidence must be under court seal.

Part B Redeem EE or I Savings Bonds Held in TreasuryDirect

1. Description of Savings Bonds – Check the box to redeem all savings bonds or list the confirmation number for each savings bond or C of I account that you are requesting redemption of in whole or in part. For each savings bond or C of I account listed, indicate whether you are requesting redemption in full or in part by checking the appropriate box in the column next to the security confirmation number. If you don't check either box, we will assume redemption in full is desired.

If partial redemption of EE or I savings bonds or C of I account is requested, check the appropriate box and specify the amount you are requesting be redeemed. You can request partial redemption of a bond as long as the amount that you are requesting be redeemed is at least \$25 or more and the redemption value of the remaining portion of the bond is not less than \$25. For example, you can request partial redemption of a bond that has a value of \$67.12 to the extent of any amount from \$25 to \$42.12. A bond must have a current redemption value of at least \$50 or more before you can request partial payment. All redemptions will be comprised of principal and a proportionate amount of interest.

Important Notices

- Only original signatures will be accepted (stamped signatures are not acceptable).
- If you are a corporation with a governing body, a resolution or a FS Form 1010 must accompany this form.
- If any person signing this form is acting in a fiduciary capacity, failure to provide legal evidence may delay processing.

This form will not be accepted with alterations or corrections.

2. Payee Information – Furnish the name and taxpayer identification number of the payee. Furnish the Social Security Number if the payee is an Individual. If payment is being requested to an estate and the IRS has assigned an Employer Identification Number, provide that number.

3. Direct Deposit Instructions – Furnish information on the bank account where the payment is to be direct deposited. All payments must be made by direct deposit to a designated bank account.

All persons requesting redemption must sign in Part F of the form. If payment is to be deposited to a bank account in the name of a different person, then that person or his or her representative, who can authorize such a deposit, must also sign in Part F.

Parts C-1 and C-2 Transfer Securities

Part C-1 – Transfer Securities from One TreasuryDirect Account to Another TreasuryDirect Account

1. Description of Securities – Check the box to transfer all securities or list the confirmation number for each security that you are requesting transfer of in whole or in part. For each security listed, indicate whether you are requesting transfer in full or in part by checking the appropriate box in the column next to the security confirmation number; if you don't check either box, we will assume transfer in full.

If partial transfer of EE or I savings bonds is requested, check the appropriate box and specify the amount you are requesting be transferred. You can request partial transfer of a bond as long as the amount that you are requesting be transferred is at least \$25 or more and the redemption value of the remaining portion of the bond is not less than \$25.

For example, you can request partial transfer of a bond that has a value of \$67.12 to the extent of any amount from \$25 to \$42.12. A bond must have a current redemption value of at least \$50 or more before you can request partial transfer. Transfer will be comprised of principal and a proportionate amount of interest.

If partial transfer of Treasury bills, notes, bonds, FRNs, or TIPS is requested, check the appropriate box and specify the amount you are requesting be transferred. Enter only the amount being transferred (in \$100 increments) and list the confirmation number. **NOTE: The amount to be transferred and the amount remaining in the CUSIP must satisfy both the minimum and multiple holding requirements for the security.**

2. Transfer Instructions:

- **TreasuryDirect Account Number** – Enter the number of the account to which the securities are being transferred. If you are the legal representative of a decedent’s estate transferring securities to the person entitled, and he/she does not have a TreasuryDirect account and does not wish to open one, show “none” in the space for the account number.
- **TreasuryDirect Account Name** – Enter the account name or the name of the person entitled.
- **Taxpayer Identification Number** – Enter the Taxpayer Identification Number (Social Security Number or Employer Identification Number) of the Individual or Entity entitled.

3. Tax Liability Notice – Carefully read this section before completing Item 4.

4. Tax Liability Statement – After reading the Tax Liability Notice in Item 3, you must mark box "a" or "b" in Item 4. Mark box "a" if you will be treated as the owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. Mark box "b" if you will NOT be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. “Interest” includes tax-deferred interest earned on EE or I bonds from the issue date until the date of transfer.

Part C-2 – Transfer Treasury Bills, Notes, Bonds, FRNs, or TIPS from TreasuryDirect to a Financial Institution or Brokerage Firm for Safekeeping or Sale

1. Description of Securities – Check the box to transfer all securities or list the confirmation number for each security that you are requesting transfer of in whole or in part. For each security listed, indicate whether you are requesting transfer in full or in part by checking the appropriate box in the column next to the security confirmation number; if you don’t check either box, we will assume transfer in full.

If partial transfer is requested, check the appropriate box and specify the amount you are requesting be transferred. Enter only the amount being transferred (in \$100 increments) and list the confirmation number. **NOTE: The amount to be transferred and the amount remaining in the CUSIP must satisfy both the minimum and multiple holding requirements for the security.**

2. Transfer Instructions – Contact the financial institution for its 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** – The 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 or Broker Name, Phone Number, Address.**
- **Special Handling Instructions** – The customer name and account number at the financial institution for delivery of securities and any other instructions required by your financial institution.

Examples: To a financial institution for safekeeping:

Routing Number: XXXXXXXXX
 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 a brokerage firm:

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

Note: All scheduled reinvestments will be cancelled at the time of transfer.

Parts D-1 and D-2 Edit the Registration of Securities Held in TreasuryDirect or Consent to Change the Entity Account Manager of a TreasuryDirect Account

Part D-1 – Edit the Registration of Securities Held in TreasuryDirect

- 1. Description of Securities** – Check the box to edit the registration of all securities or describe the securities on which you want to edit the registration.
- 2. New Registration Requested** – Provide the complete name and Social Security Number of the owner/primary owner. The account owner must be named as the owner/primary owner in the registration of the securities held in his or her TreasuryDirect account. If a secondary owner or beneficiary is to be shown in the registration, check the appropriate box and provide the name and Social Security Number of the person to be shown as the secondary owner or beneficiary.

Part D-2 – Consent to Change the Entity Account Manager of a TreasuryDirect Account

- **Name of the Entity Account Manager consenting to the change** – Enter the name of the currently acting Entity Account Manager.
- **TreasuryDirect Entity Account Name** – Enter the name of the Entity (i.e., trust, partnership, corporation, deceased estate) as it appears on the TreasuryDirect account.
- **Name of the new Entity Account Manager** – Enter the name of the individual who will be acting as the new Entity Account Manager.
- Sign the form in Part F in ink, in the presence of an authorized certifying officer.

The new Entity Account Manager will need to provide his or her personal information on Part E-3 of FS Form 5446 and join in signing the form in Part F in the presence of an authorized certifying officer.

Parts E-1, E-2, and E-3 Change or Correct Account Information or Entity Account Manager Information

Part E-1 – Change or Correct an Individual Account Information

The following information must be provided by the Individual Account Owner

- 1. Change an Individual Account Owner's Name** – Complete this item if the account owner's name has changed by marriage, divorce, adoption, naturalization, court order, or some other valid reason. Indicate the manner by which the name changed and furnish the account owner's new legal name. Evidence may be required.
- 2. Correct an Individual Account Owner's Name** – Complete this item if an error was made in the account owner's name when the TreasuryDirect account was established. Furnish the account owner's correct legal name.
- 3. Correct an Individual Account Owner's Social Security Number** – Complete this item if an error was made in the account owner's Social Security Number when the TreasuryDirect account was established. Furnish the account owner's correct Social Security Number.
- 4. Correct an Individual Account Owner's Date of Birth** – Complete this item if an error was made in the account owner's date of birth when the TreasuryDirect account was established. Furnish the account owner's correct date of birth.

Part E-2 – Change or Correct Entity Account Information

The following information must be provided by the Entity Account Manager

- 1. Change Entity Account Name** – Complete this item if the name of the Entity has changed. Provide an explanation for the name change.
- 2. Correct Entity Account Name** – Complete this item if the Entity Account name has been entered incorrectly.
- 3. Correct Taxpayer Identification Number** – Complete this item if the taxpayer identification number for the Entity was entered incorrectly.

Change or Correct Current Entity Account Manager Information

The following information must be provided by the Entity Account Manager

- 1. Change Entity Account Manager's Name** – Complete this item if the Entity Account Manager's name has changed by marriage, divorce, adoption, naturalization, court order, or some other valid reason. Indicate the manner by which the name changed and furnish the Entity Account Manager's new legal name. Evidence may be required.

2. **Correct Entity Account Manager's Name** – Complete this item if an error was made in the Entity Account Manager's name when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct legal name.
3. **Correct Entity Account Manager's Social Security Number** - Complete this item if an error was made in the Entity Account Manager's Social Security Number when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct Social Security Number.
4. **Correct Entity Account Manager's Date of Birth** - Complete this item if an error was made in the Entity Account Manager's date of birth when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct date of birth.

Part E-3 – Change Entity Account Manager – New Manager Information

The following information must be provided by the new Entity Account Manager

1. **Account Manager Name** – Enter the new Entity Account Manager's full name including suffix, if appropriate.
2. **Taxpayer Identification Number** – Enter the new Entity Account Manager's Social Security Number.
3. **Date of Birth** – Enter the new Entity Account Manager's date of birth.
4. **Street Address** – Enter the new Entity Account Manager's home street address.
5. **City/State/Zip Code** – Enter the new Entity Account Manager's home address city, state and zip code.
6. **Phone** – Enter the home, work and cell telephone number for the new Entity Account Manager.
7. **Driver's License/State ID Number** – Enter the driver's license or state ID number, including the issuing state and expiration date, for the new Entity Account Manager.
8. **E-mail Address** – Enter the e-mail address the new Entity Account Manager wishes to use to communicate with TreasuryDirect. This e-mail address will be used for important messages from the TreasuryDirect system and for communication from within the TreasuryDirect account.
9. **Mailing Address** – Indicate the mailing address TreasuryDirect Customer Service should use if it is necessary to mail correspondence to the new Entity Account Manager by postal mail.

The new Entity Account Manager must sign the form in Part F in the presence of an authorized certifying officer.

Part F Signatures and Certifications (Complete this part for ALL transactions.)

Signatures/Certifications – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in the officer's presence. The officer must then complete the certification form provided and imprint the seal or stamp required in certifying requests. For certifications within the United States, the certifying officer must be authorized to bind his or her institution by his or her acts and guarantee signatures to assignments of securities or certify assignments of securities. For a list of authorized certifying officers and the required evidence of authority, see Title 31 CFR Part 363.

If you are a parent of a minor account owner, your signature certifies that you are requesting the transaction on the minor's behalf, for the minor's benefit.

Sample certification for a financial institution:

SIGNATURE GUARANTEED
 ABC National Bank
 Hillview Branch

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
 MEDALLION GUARANTEED
 Generic Brokerage

 Authorized Signature

 Authorized Signature

XXXXXXXX

SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

[Bar Code]

Additional Evidence – 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.

Assembly of Form – Complete and submit only the parts of the form that apply to the transaction(s) requested. Parts A and F must be completed and submitted for all transactions. Multiple copies of any part may be completed and submitted together, if necessary. Attach all completed parts together, in alphabetical order.

Where To Send – Send all completed parts of the form, as well as any other forms and evidence, to:

Treasury Retail Securities Site
PO Box 7015
Minneapolis, MN 55480-7015

NOTICE UNDER 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 the completed form to this address; send to the address shown in "Where To Send" in the Instructions.**