

For official use only:

Customer Name

Customer No.

FS Form 5511
Department of the Treasury
Bureau of the Fiscal Service
(Revised September 2015)

TreasuryDirect®

TRANSFER 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 the transfer of securities in your TreasuryDirect account.

1. TreasuryDirect Account Information

TreasuryDirect
Account Number: _____

TreasuryDirect
Account Name: _____

Taxpayer Identification
Number (SSN or EIN): _____

NOTE: If transferring securities from either a custom, minor, or conversion linked account, show only the number for the linked account.

2. Description of Securities

- Transfer **ALL** securities for the above TreasuryDirect account.
- Transfer the securities described on the attached list.
- Transfer the securities described below.

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 2.

Confirmation Number	Issue Date	Face Amount	CUSIP No. (Bills, Notes, Bonds, FRNs, TIPS only)	Portion of Security to be Transferred (If neither square is selected, transfer in FULL will be assumed.)
				<input type="checkbox"/> Transfer in FULL OR <input type="checkbox"/> Transfer to the Extent of \$
				<input type="checkbox"/> Transfer in FULL OR <input type="checkbox"/> Transfer to the Extent of \$
				<input type="checkbox"/> Transfer in FULL OR <input type="checkbox"/> Transfer to the Extent of \$
				<input type="checkbox"/> Transfer in FULL OR <input type="checkbox"/> Transfer to the Extent of \$

TAX LIABILITY NOTICE (Carefully read before completing the Tax Liability Statement below.)

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

TAX LIABILITY STATEMENT (This section must be completed if you are transferring savings bonds to a trust.)

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> |

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

I authorize the Treasury Department to remove the securities described in Item 2 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.

Failure to provide any of the following information could delay the transfer. Before completing, see Instructions.

Transfer security(ies) to:

Routing Number: _____

Financial Institution Wire Name: _____

Agent or Broker Name: _____

Agent or Broker Phone Number: _____

Agent or Broker Address: _____

Special Handling Instructions: _____

3. Transfer to Another TreasuryDirect Account

I request/consent to transfer as indicated below the Treasury securities described in Item 2.

By submitting this form, I certify that I understand the securities described will be removed from my TreasuryDirect 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 one of these:

- final judgment
- court order
- divorce decree
- property settlement agreement
- other authorized transfer

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. (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.) I certify that I have the authority to request this transaction. For a converted savings bond with a Restricted registration, both registrants must sign this form. Restricted registrations are the coowner form (connective "OR") on EE and I savings bonds.

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.

Transfer security(ies) to:			
TreasuryDirect Account Number:			
TreasuryDirect Account Name:			
Taxpayer Identification Number (if available):			
	OR		
(Social Security Number)		(Employer Identification Number)	

SIGNATURES AND CERTIFICATIONS

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

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

Sign Here: _____
(Signature) (Daytime Telephone No.)

(Mailing Address) (E-mail Address)

Sign Here: _____
(Signature) (Daytime Telephone No.)

(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. **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)

(City, State, ZIP Code)

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp).

(Telephone)

(Notary certification is NOT acceptable.)

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
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).

(Notary certification is NOT acceptable.)

INSTRUCTIONS

No. 1 ACCOUNT INFORMATION

TreasuryDirect Account Information – Provide the TreasuryDirect Account Number, TreasuryDirect Account Name, and Taxpayer Identification Number (Social Security Number or Employer Identification Number). When transferring securities from a custom, minor, or conversion linked account, provide the account information of the linked account.

No. 2 DESCRIPTION OF SECURITIES

To transfer . . .	Then . . .
<p>ALL securities in the account described in Item 1</p> <p>Securities described on an attached list</p> <p>Less than ALL securities in the account, or if not attaching a list</p>	<p>Select the first square.</p> <p>Select the second square and attach the printed list from your TreasuryDirect account.</p> <p>Select the third square and complete the table to include the Confirmation Number, Issue Date, Face Amount (principal amount for savings bonds or par amount for bills, notes, bonds, FRNs, TIPS), and CUSIP Number (for bills, notes, bonds, FRNs, TIPS). Indicate either a FULL or partial transfer. <i>If you do not indicate a partial transfer, we will assume transfer in FULL.</i></p>

NOTE: If you are requesting transfer of savings bonds to a trust, carefully read and complete Page 2.

No. 2 DESCRIPTION OF SECURITIES (continued)

If partial transfer of an EE or I Savings Bond is desired, select the appropriate square and show the amount you are requesting to be transferred. You can request partial transfer of a bond as long as the amount that you are requesting to be transferred is at least \$25 and the redemption value of the remaining portion of the bond is not less than \$25. A bond must have a current redemption value of at least \$50 before you can request partial transfer. The transfer will be comprised of principal and a proportionate amount of interest.

If partial transfer of a Treasury bill, note, bond, FRN, or TIPS is requested, select the appropriate square and specify the amount you are requesting to be transferred. The amount being transferred must be in \$100 increments and the amount remaining must be at least \$100.

No. 3 TRANSFER TO ANOTHER TREASURYDIRECT ACCOUNT

- **TreasuryDirect Account Number** – Enter the number of the TreasuryDirect account to which the securities are being transferred.
- **TreasuryDirect Account Name** – Enter the name on the transferee’s account.
- **Taxpayer Identification Number** – If available, enter the Taxpayer Identification Number used on the account to which the securities are to be transferred.

No. 4 TRANSFER TO A FINANCIAL INSTITUTION OR BROKERAGE FIRM

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 and Phone Number.**
- **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, such as the name and telephone number of the person to be contacted at the financial institution for questions about the securities.

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

SIGNATURES AND CERTIFICATIONS (Complete this part for ALL transactions.)

Signatures and Certifications – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer available at a bank, trust company, or credit union 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. Certification by a notary public is NOT acceptable.

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.

Additional Evidence – In any particular case, the Commissioner of the Fiscal Service, as designee of the Secretary of the Treasury, reserves the right to require additional evidence.

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

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

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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 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 02 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.**