

Fiscal Service

LEAD. TRANSFORM. DELIVER.

PRINT IN INK OR TYPE ALL INFORMATION

Visit us on the Web at www.treasurydirect.gov

A. DISCLOSURE OF SECURITIES			
TITLE OF SECURITY (Identify by interest rate, title, call and maturity dates)	FACE AMOUNT (Denomination)	SERIAL NUMBER	REGISTRATION (Exact inscription on each security)

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

I request that I be recognized as natural guardian of the minor and request disposition and assignment of the described securities as follows:

☐ Conversion to book-entry form for the account of _____
(Account Information)

☐ Payment of called or matured securities

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP TO MINOR: ☐ PARENT ☐ FURNISH CHIEF SUPPORT ☐ OTHER (specify) _____

MARRIED? If your spouse did not apply as natural guardian with you, your spouse must sign after the following statement:

I consent to the above-named parent acting as the guardian for our minor child. _____
Signature

SEPARATED OR DIVORCED? You must furnish a certified copy of court records showing you have custody of the minor.

If you checked "FURNISH CHIEF SUPPORT," please provide names and addresses of others who regularly contribute to the minor's support, and the percentage of their contributions:

Does the minor reside with you? ☐ Yes ☐ No

If no, provide the name and address of the person with whom the minor resides:

4. AUTHORIZATION

You must wait until you are in the presence of a certifying officer to sign this form.
(If there are two owners joined by the word "and," both must sign.)

I request that I be recognized as natural guardian of the said minor for purposes of furnishing the payment instructions for the security(ies) listed and to execute any necessary requests for those security(ies).

I certify that no legal guardian or similar representative has been appointed for the said minor and no such application is contemplated and that the said minor has an interest in whole or in part in securities held in the accounts listed.

In consideration for my recognition as natural guardian of the minor, I agree that I will promptly notify the Bureau of the Fiscal Service if (a) the minor reaches the age of majority or is emancipated by court order or marriage under the laws of the state of his or her residence, (b) a legal guardian or similar representative is appointed for the minor's estate, (c) I no longer furnish chief support for the minor (when support is the basis for recognition), or (d) the minor dies.

SIGNATURE

SIGNATURE (IF NECESSARY)

5. CERTIFICATION

The signature(s) in section 4 above **MUST** be certified by an authorized certifying officer.

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(ies) is/are
NAME(S) OF PERSON(S) WHO APPEARED

known or proven to me, personally appeared before me this _____ day of _____
MONTH/YEAR

at _____ and signed this form.
CITY/STATE

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.**

SIGNATURE AND TITLE OF CERTIFYING OFFICER

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY/STATE/ZIP CODE

TELEPHONE

INSTRUCTIONS FOR COMPLETING
APPLICATION FOR RECOGNITION AS NATURAL GUARDIAN OF
MINOR NOT UNDER LEGAL GUARDIANSHIP AND FOR
DISPOSITION OF MINOR'S INTEREST IN REGISTERED SECURITIES

PURPOSE

This form can be used to:

- apply for recognition as a natural guardian of a minor who owns, wholly or in part, registered securities in an estate where a legal representative has not been appointed.
- apply for recognition as a natural guardian when a designated natural guardian is no longer acting. (A death certificate, physician's certificate, or certified evidence of court action must be submitted as proof of the designated natural guardian's inability to act.)

IMPORTANT NOTE

- Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing this form. To avoid delays, read the instructions carefully and **type or print clearly in ink only**.
- This form **MUST** be signed in all cases.
- **APPLICATIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

WHO MAY APPLY

- The parent with whom the minor resides may apply. If the minor resides with both parents, either or both may apply. The parent who has not joined in the application must consent by signing the statement within the box in Section 3. If the parents are separated or divorced, no consent is required provided that a certified copy of court records is furnished showing that the parent applying has custody.
- If the minor does not reside with either parent, the person who furnishes the minor's chief support may apply.

No application will be considered if the Department of the Treasury is on notice that 1) the minor has reached the age of majority or is emancipated by court order or marriage under the laws of the state of his/her residence, 2) a legal guardian or similar representative of the minor's estate has been appointed, 3) the applicant is not entitled to act as natural guardian, or 4) the minor has died.

1. DESCRIPTION OF SECURITIES

Provide a complete description of all securities owned wholly or in part by the minor.

2. MINOR

Provide the minor's name, Social Security Number, and date of birth.

3. GUARDIAN

Check the appropriate box to show the requested disposition of the security(ies).

Provide your name and address, and indicate your relationship to the minor. **Remember:** If you are married and your spouse did not apply as natural guardian with you, your spouse must sign the statement within the box. If you're separated or divorced, furnish a certified copy of court records showing you have custody of the minor.

If you are applying as the furnisher of chief support for the minor, provide the names and addresses of others who regularly contribute to the minor's support and the extent of their contributions (expressed as a percentage of the minor's total support).

Indicate whether the minor resides with you. If not, provide the name and addresses of the person with whom the minor resides.

4. AUTHORIZATION

Read the authorization statement carefully. In the presence of an authorized certifying officer, sign the form in ink.

5. CERTIFICATION

Certification of your signature is required. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions.

WHERE TO SEND

After completing and signing the application, submit it, together with the securities and any necessary evidence, to the Department of the Treasury, Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426. We suggest that you send the securities by registered mail.

FEE FOR BONDS OR NOTES REQUESTED IN CERTIFICATE FORM

A fee is charged for each Treasury bond or note requested in certificate form. Unless we are specifically instructed otherwise, any unmatured securities will be converted to TreasuryDirect®.

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 10 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 this address; send to the address shown in "WHERE TO SEND" in the Instructions.**