

# Legacy Treasury Direct® Security Transfer Request



SEE INSTRUCTIONS -TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

## 1. Legacy Treasury Direct ACCOUNT INFORMATION

Legacy Treasury Direct ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT NAME  
\_\_\_\_\_  
\_\_\_\_\_

FOR DEPARTMENT USE

DOCUMENT AUTHORITY

APPROVED BY

DATE APPROVED

## 2. SECURITIES IDENTIFICATION AND AMOUNT

CHECK THE BOXES WHICH APPLY AND PROVIDE THE INFORMATION REQUESTED.

Transfer **ALL** my securities for the above Legacy Treasury Direct account.

Transfer my securities totaling \$ \_\_\_\_\_ from the CUSIPs below. *(Additional forms are required for more than 10 CUSIPs.)*

CUSIP	AMOUNT	Department Use Reference Number	CUSIP	AMOUNT	Department Use Reference Number
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____

Transfer \$ \_\_\_\_\_ of my holdings for CUSIP number \_\_\_\_\_

*(If you are NOT transferring all of your holdings for this CUSIP, you must also list the specific sub-accounts and amounts to be transferred below. This information is shown on your Legacy Treasury Direct Statement of Account.)*

SUB-ACCOUNT	AMOUNT	SUB-ACCOUNT	AMOUNT	SUB-ACCOUNT	AMOUNT
_____	\$ _____	_____	\$ _____	_____	\$ _____

## 3. TRANSFER INSTRUCTIONS

CHECK ONE BOX ONLY AND PROVIDE THE INFORMATION REQUESTED FOR THE TRANSFER.

**INTERNAL TRANSFER TO ANOTHER Legacy Treasury Direct ACCOUNT NUMBER**

Legacy Treasury Direct ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NAME  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: This must be an existing account; new accounts aren't available.

Identify the Legacy Treasury Direct account to which you want your securities transferred.

TAXPAYER IDENTIFICATION NUMBER (IF AVAILABLE)

First-Named Owner \_\_\_\_\_ OR \_\_\_\_\_  
Social Security Number Employer Identification Number

**TRANSFER TO AN ESTABLISHED ONLINE TreasuryDirect ACCOUNT NUMBER**

TreasuryDirect ACCOUNT NUMBER \_\_\_\_\_ (May be established at [www.treasurydirect.gov](http://www.treasurydirect.gov).)

ACCOUNT NAME  
\_\_\_\_\_  
\_\_\_\_\_

Identify the TreasuryDirect account to which you want your securities transferred.

TAXPAYER IDENTIFICATION NUMBER (IF AVAILABLE)

First-Named Owner \_\_\_\_\_ OR \_\_\_\_\_  
Social Security Number Employer Identification Number

**EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION**

**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: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

AGENT or BROKER ADDRESS: \_\_\_\_\_

SPECIAL HANDLING INSTRUCTIONS: \_\_\_\_\_

**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/We submit this transfer request pursuant to the provisions of Department of the Treasury Circulars, Public Debt Series Nos. 2-86 (31 CFR Part 357) and 1-93 (31 CFR Part 356).

Under penalties of perjury, I/we certify that the information provided on this form is true, correct, and complete.

_____	_____	_____
Signature	Title (if appropriate)	Telephone (Daytime)
_____	_____	
Signature	Title (if appropriate)	
_____		_____
Mailing Address		E-mail Address

**5. CERTIFICATION**

YOUR SIGNATURE **MUST** BE CERTIFIED BY AN AUTHORIZED CERTIFYING OFFICER.

**Instructions to Certifying Officer:**

1. Name of person(s) who appeared and date/place 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 known or proven to me,  
Name(s) of Person(s) Who Appeared

personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_  
Month Year

at \_\_\_\_\_, and signed this request.  
City / State

\_\_\_\_\_  
Signature and Title of Certifying Officer

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / ZIP Code

\_\_\_\_\_  
Telephone

**ACCEPTABLE CERTIFICATIONS:**

Financial Institution's Official Seal or Stamp (such as Corporate Seal, Signature Guarantee Stamp, or Medallion Stamp). **Brokers must use a Medallion Stamp.**

**Certification by a Notary is NOT Acceptable.**

## INSTRUCTIONS

### PURPOSE

You may use this form to request the **transfer of securities** from a Legacy Treasury Direct account to:

- another Legacy Treasury Direct account, or
- an online TreasuryDirect account, or
- a designated account at a financial institution.

### IMPORTANT NOTICES

- **This form must be signed.** 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 your request. To avoid delays, read the instructions carefully and **print clearly in ink only.**
- **TRANSFER REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

### 1. Legacy Treasury Direct ACCOUNT INFORMATION

Print your Legacy Treasury Direct ACCOUNT NUMBER and the ACCOUNT NAME (registration) as stated on your Legacy Treasury Direct *STATEMENT OF ACCOUNT*.

### 2. SECURITIES IDENTIFICATION AND AMOUNT

Check the boxes which apply and provide the information requested. ALL REQUIRED INFORMATION IS LISTED ON YOUR Legacy Treasury Direct *Statement of Account*.

To transfer **ALL** the securities in the Legacy Treasury Direct account listed in Section 1, check the first box.

To transfer one or more securities in your Legacy Treasury Direct account, check the second box, enter the total dollar amount of the securities being transferred, and list the CUSIP numbers and amounts.

AMOUNT - The total par for the CUSIP.

CUSIP - The number (for example, 912795XXX) that identifies the securities to be transferred (located under the heading "Security" on your *Statement of Account*).

To transfer a portion of one security in your Legacy Treasury Direct account, check the third box, enter only the amount being transferred, and list the CUSIP number. To transfer security sub-account(s), enter the sub-account number(s) and dollar amount(s) to be transferred. **THE AMOUNT TO BE TRANSFERRED AND THE AMOUNT REMAINING IN THE CUSIP MUST SATISFY BOTH THE MINIMUM AND MULTIPLE HOLDING REQUIREMENTS FOR THE SECURITY.**

### 3. TRANSFER INSTRUCTIONS

*(Choose One Option Only)*

#### INTERNAL TRANSFER TO ANOTHER Legacy Treasury Direct ACCOUNT

Check the box to transfer your securities to another Legacy Treasury Direct account number. The transfer must be to an existing account; new accounts aren't available.

- Legacy Treasury Direct ACCOUNT NUMBER - Enter the number of the account to which the securities are being transferred.
- ACCOUNT NAME - Enter the ACCOUNT NAME (registration) as shown on the transferee's Statement of Account.
- TAXPAYER IDENTIFICATION NUMBER - If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the account to which the securities are to be transferred.

#### TRANSFER TO AN ONLINE TreasuryDirect ACCOUNT

Check the box to transfer your securities to an online TreasuryDirect account number.

- TreasuryDirect ACCOUNT NUMBER - Enter the number of the account to which the securities are being transferred. If a new account has not yet been established, you can establish one at [www.treasurydirect.gov](http://www.treasurydirect.gov).
- ACCOUNT NAME - Enter the ACCOUNT NAME (registration) as shown on the online TreasuryDirect account.
- TAXPAYER IDENTIFICATION NUMBER - If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the account to which the securities are to be transferred.

#### EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION

Check the box to transfer your securities to a financial institution for safekeeping or sale. Contact the financial institution for their "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** - Provide the financial 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/BROKER NAME, PHONE NUMBER, ADDRESS**
- **SPECIAL HANDLING INSTRUCTIONS** - The customer name and account number at the financial institution for delivery of securities; 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

**4. AUTHORIZATION**

Sign the request in the presence of an authorized certifying officer. Identification may be required. Remember, if there are two owners joined by the word "and," both must sign (for example, John Doe and Mary Doe). In case there are questions about this transfer, please provide a mailing address, daytime telephone number, and, if applicable, e-mail address.

**5. CERTIFICATION**

Certification of your signature is required. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker is required. **Please note: Certification by a notary public is NOT acceptable.**

**Sample certification for a financial institution:**

SIGNATURE GUARANTEED  
 ABC National Bank  
 Hillview Branch

\_\_\_\_\_  
 Authorized Signature

**Acceptable certification for a brokerage:**

SIGNATURE GUARANTEED  
 MEDALLION GUARANTEED  
 Generic Brokerage

\_\_\_\_\_  
 Authorized Signature  
 XXXXXXXX  
 SECURITIES TRANSFER AGENTS MEDALLION PROGRAM  
 [Bar Code]

**WHERE TO SEND**

If requesting a transfer to another **Legacy Treasury Direct** account or to a **financial institution**, mail this form to Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150.

If requesting a transfer to an online **TreasuryDirect** account, mail this form to Treasury Retail Securities Site, PO Box 7015, Minneapolis, MN 55480-7015.

**To ensure timely processing, this form must be received at least ten business days in advance of:**

- the **maturity date** of the security
- an **interest payment date** for the security

**CONTACT**

Call us toll-free in the United States at 844-284-2676. Outside the U.S.? Call us at 304-480-6464.

**CONFIRMATION OF THE TRANSFER**

You will receive a Legacy Treasury Direct Statement of Account after your securities have been transferred. Under certain circumstances, there may be a hold on the account and a statement won't be mailed.

**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 appropriate address shown in "WHERE TO SEND" in the Instructions.**