

**DISCLAIMER AND CONSENT WITH RESPECT TO  
 UNITED STATES TREASURY SECURITIES**

**1. DESCRIPTION OF SECURITIES**

TITLE OF SECURITY	ISSUE DATE	FACE/PAR AMOUNT	BOND NO. OR ACCOUNT NO.	REGISTRATION

*(If you need more space, use the table on page 2.)*

**2. DISCLAIMER AND CONSENT**

I disclaim all my right, title, and interest in and to the securities described on this form and consent to the payment, refund of purchase price, transfer, reissue, or other disposition of them by:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Mailing Address)

My disclaimer and consent are given for the following reason(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. SIGNATURE AND CERTIFICATION**

***You must wait until you are in the presence of a certifying officer to sign this form.***

Sign Here: ⇒ \_\_\_\_\_ (Signature of Owner) \_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Mailing Address)

\_\_\_\_\_ (Social Security Number)

\_\_\_\_\_ (Daytime Telephone Number) \_\_\_\_\_ (E-Mail Address)

***Certifying Officer - The individual must sign in your presence. You must complete the certification and affix your stamp or seal.***

I CERTIFY that \_\_\_\_\_, whose identity is known or was proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_, and signed this form.

\_\_\_\_\_ (Signature and title of certifying officer)

**(OFFICIAL STAMP  
 OR SEAL)**

\_\_\_\_\_ (Number and Street or Rural Route)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)

**Continuation of description of securities in Item 1:**

TITLE OF SECURITY	ISSUE DATE	FACE/PAR AMOUNT	BOND NO. OR ACCOUNT NO.	REGISTRATION

*(If you need more space, use a continuation sheet and attach it to this form.)*

**INSTRUCTIONS**

**USE OF FORM** – Use this form to disclaim your right, title, and interest to United States Treasury Securities and consent to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person.

- A minor or person under legal disability may **not** complete this form.

**ATTACHMENTS** – *If more space is needed for any item, use a plain sheet of paper and attach to the form.*

**COMPLETION OF FORM** – **Print clearly in ink or type all information requested.**

- ITEM 1.** Describe the securities.
- ITEM 2.** Show the name and address of the person to whom you are conveying your interest in the securities. Give the reason(s) you are disclaiming your right, title, and interest in the securities and consenting to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person.
- ITEM 3.** You must sign the form in ink, print your name, and provide your home address, Social Security Number, daytime telephone number, and, if you have one, e-mail address. Your signature must be certified (see **CERTIFICATION** below).

**CERTIFICATION** – You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the officer's presence. The certifying officer must fully complete the certification form provided and affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, or Public Debt Series, Nos. 3-80 and 2-98.

**WHERE TO SEND** – Unless otherwise instructed in accompanying correspondence, send the completed form and the securities, if any, as well as any other evidence and forms to the appropriate address:

- Series H or Series HH savings bonds – Treasury Retail Securities Site, PO Box 2186, Minneapolis, MN 55480-2186
- Other paper savings bonds and savings notes – Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214
- Securities in TreasuryDirect – Treasury Retail Securities Site, PO Box 7015, Minneapolis, MN 55480-7015
- Securities in Legacy Treasury Direct – Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150
- Paper marketable securities – Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426

**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, 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 completed form to the above address; send to address shown in "WHERE TO SEND" above.**