

U.S. TREASURY SECURITIES  
STATE AND LOCAL GOVERNMENT SERIES  
EARLY REDEMPTION REQUEST

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BUREAU OF THE  
**Fiscal Service**

LEAD. TRANSFORM. DELIVER.

Pursuant to the provisions of 31 CFR Part 344, the undersigned hereby requests the early redemption of State and Local Government Series Securities. The undersigned certifies that this request complies with the requirements in 31 CFR Part 344.

REQUESTED REDEMPTION DATE:        /        /         
MM DD YY

**ISSUER:**

Taxpayer Identification Number and Suffix:        -       

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECURITY INFORMATION:**

| Treasury Case Number | Treasury Security Number | Issue Date | Original Maturity Date | Original Security Amount | Security Amount to be Redeemed |
|----------------------|--------------------------|------------|------------------------|--------------------------|--------------------------------|
|                      |                          |            |                        |                          |                                |
|                      |                          |            |                        |                          |                                |
|                      |                          |            |                        |                          |                                |
|                      |                          |            |                        |                          |                                |
|                      |                          |            |                        |                          |                                |
|                      |                          |            |                        |                          |                                |
|                      |                          |            |                        |                          |                                |

**DIRECT DEPOSIT (ACH) INFORMATION FOR EARLY REDEMPTION PAYMENT:**

Account Name: \_\_\_\_\_ (Limit 22 characters)

Account Number: \_\_\_\_\_ (Limit 17 characters)

Account Type: (Check one)  Checking  Savings

ABA Routing Number: \_\_\_\_\_ (Limit 9 characters)

\_\_\_\_\_  
(Organization)

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature) (Date) (Telephone)

FOR BUREAU OF THE FISCAL SERVICE USE ONLY

Processed by: \_\_\_\_\_

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EARLY REDEMPTION REQUEST**

Instructions

|  |   |
|--|---|
| Bureau of the Fiscal Service<br>Special Investments Branch<br>200 Third Street<br>P.O. Box 396<br>Parkersburg, WV 26102-0396 | Telephone Number: (304) 480-5299<br>Fax Number: (304) 480-5277<br>Internet Address: <a href="http://www.slgs.gov">http://www.slgs.gov</a><br>E-Mail Address: <a href="mailto:opda-sib@fiscal.treasury.gov">opda-sib@fiscal.treasury.gov</a><br>Governing Regulations: 31 CFR Part 344 |
|--|---|

A security can be redeemed at the Issuer's option no earlier than fifteen days after the issue date in the case of a zero percent certificate of indebtedness of sixteen to twenty-nine days, no earlier than twenty-five days after the issue date in the case of a certificate of indebtedness of thirty days or more, and no earlier than thirty days after the issue date in the case of a note or bond. Partial redemptions can be requested in any amount; however, an account balance of less than \$1,000 will be redeemed in total. Notice of redemption must be submitted in accordance with the time guidelines set forth in 31 CFR Part 344.

**Requested Redemption Date:** The date requested for the early redemption payment.

**Issuer:** The government body for whom the securities were issued.

**Security Information:** Information pertaining to each security requested for an early redemption. (The Treasury case number and Treasury security number were assigned by Fiscal Service when the securities were issued and can be found on the Statement of Account.)

**Direct Deposit (ACH) Information for Early Redemption Payments:** The early redemption payment will be made using the Direct Deposit information currently on file. This section of the form needs completed only if the payment instructions for the early redemption transaction are different than what is on file. The account name, account number, account type, and ABA routing number identifying the Issuer's account designated to receive the early redemption payment via the Automated Clearing House (ACH) method.

**Organization:** Organization submitting the request for early redemption.

**Name and Title:** The typed or printed name and title of the person authorized to request an early redemption on behalf of the Issuer.

**Signature, Date, and Telephone:** The signature, date, and telephone number of the person authorized to request an early redemption on behalf of the Issuer.

**NOTICE UNDER PAPERWORK REDUCTION ACT**

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 completed form to this address; send to the correct address shown in the instructions.