

# Legacy Treasury Direct<sup>®</sup> Transaction Request



IMPORTANT: Follow instructions in filling out this form. Making any false, fictitious, or fraudulent claim or statement to the United States is a crime and may be prosecuted. Print in ink or type all information. This form will not be accepted if it has any alterations or corrections.

## 1. LEGACY TREASURY DIRECT ACCOUNT INFORMATION

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

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

## 2. TRANSACTION REQUESTED – Check the box next to the transaction(s) you are requesting.

**Consolidation of Legacy Treasury Direct Accounts – For identical accounts only.**

Legacy Treasury Direct Account Numbers to be closed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surviving Legacy Treasury Direct Account Number: \_\_\_\_\_

**Name change** – Provide the complete account name as it **should** appear (see items 2 & 3 in the instructions). This type of change usually requires a certified signature.

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

**Address change** – Provide the complete address as it **should** appear.

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

**Telephone number change** – Provide each complete number, including extension, if applicable:

\_\_\_\_\_ (Daytime Telephone Number) \_\_\_\_\_ (Alternate Telephone Number)

**Payment information change** – Provide the complete direct deposit information as it **should** appear. This change requires a certified signature (see items 2 & 3 in the instructions).

Bank Routing No. (nine digits): \_\_\_\_\_

\_\_\_\_\_ Type of Account  Checking  Savings  
(Depositor's Account No.)

\_\_\_\_\_ (Financial Institution's Name) \_\_\_\_\_ (Financial Institution's Phone No.)

**Taxpayer Identification Number correction – Use only for a correction.** Provide the correct number:

\_\_\_\_\_ or \_\_\_\_\_  
(First-Named Owner's Social Security Number) (Owner's Employer Identification Number)

**3. SIGNATURES AND CERTIFICATION**

Under penalties of perjury, I/we certify that the information provided on this form is true, correct, and complete. I certify that I have the authority to authorize financial transactions using the bank information described on this form. I agree to indemnify and hold the United States harmless in the event of any loss that results from this request.

**For Taxpayer Identification Number corrections,** I certify under penalty of perjury that:

1. The Taxpayer Identification Number shown on this form is my correct Taxpayer Identification Number, **and**
2. I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

*The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

**Sign in ink in the presence of a certifying officer and provide the requested information.  
If there are two owners joined by the word "and," both may have to sign (see the instructions).**

<b>Sign Here:</b> _____			
_____		_____	
(Print Name)		(Social Security Number)	
<b>Home Address</b> _____		_____	
(Number and Street or Rural Route)		(Daytime Telephone Number)	
_____	_____	_____	_____
(City)	(State)	(ZIP Code)	(E-mail Address)

<b>Sign Here:</b> _____			
_____		_____	
(Print Name)		(Social Security Number)	
<b>Home Address</b> _____		_____	
(Number and Street or Rural Route)		(Daytime Telephone Number)	
_____	_____	_____	_____
(City)	(State)	(ZIP Code)	(E-mail Address)

**Instructions to Certifying Officer:** 1. Name(s) of the person(s) who appeared and date of appearance **MUST** be completed. 2. If a Medallion stamp is used, an original signature is required. 3. Person(s) must sign in your presence.

I CERTIFY that _____, whose identity(ies)	
(Names of Persons Who Appeared)	
is/are known or proven to me, personally appeared before me this _____ day of _____	(Month) (Year)
at _____ and signed this form.	
(City, State)	
_____	<b>(OFFICIAL STAMP OR SEAL)</b>
(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 Guaranteed Stamp, or Medallion Stamp). **Brokers must use a Medallion Stamp.**

**(Notary certification is NOT acceptable.)**

I CERTIFY that \_\_\_\_\_, whose identity(ies)  
 \_\_\_\_\_  
 (Names of Persons Who Appeared)  
 is/are known or proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_  
 (Month) (Year)  
 at \_\_\_\_\_ and signed this form.  
 \_\_\_\_\_  
 (City, State)  
 \_\_\_\_\_  
 (Signature and Title of Certifying Officer)  
 \_\_\_\_\_  
 (Name of Financial Institution)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City, State, ZIP code)  
 \_\_\_\_\_  
 (Telephone)

(OFFICIAL STAMP  
OR SEAL)

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.**

(Notary certification is NOT acceptable.)

## INSTRUCTIONS

### IMPORTANT NOTICES

- This form can't be used to transfer securities.
- Only original signatures will be accepted (stamped signatures are not acceptable).
- If any person signing this form is acting in a fiduciary capacity, failure to provide legal evidence may delay processing.
- This form **must** be signed in all cases.
- This form will not be accepted with alterations or corrections.

### COMPLETION OF FORM

#### Item 1. LEGACY TREASURY DIRECT ACCOUNT INFORMATION

Provide your Legacy Treasury Direct Account Number. Your Legacy Treasury Direct Account Number is shown on your *Statement of Account*, immediately above the Account Holdings section. Provide the name(s) under which the account is registered; this is shown in the address block of your *Statement of Account*.

**Item 2. TRANSACTION REQUESTED** – Check the box next to all transactions you are requesting.

- **CONSOLIDATION OF LEGACY TREASURY DIRECT ACCOUNTS** – Mark this box to consolidate two or more of your Legacy Treasury Direct accounts. All Legacy Treasury Direct accounts to be consolidated must be identical; the accounts must have the same name, address, Taxpayer Identification Number, and payment information. Provide the number(s) of the account(s) from which securities are to be moved on the lines beside "Legacy Treasury Direct Account Number(s) to be closed:", and provide the number of the account into which the securities are to be deposited on the line beside "Surviving Legacy Treasury Direct Account No."
- **NAME CHANGE** – Mark this box to change the name that currently appears on your account. Provide the complete account name as it should appear.
  - **You may NOT use this form to remove the first-named owner from your account.**
  - You may use this form to add or remove the name of a second-named owner or beneficiary; a certified signature is required for this type of change.
  - **You may use this form to change your registration to or from a trust IF the Taxpayer Identification Number is NOT changing.** If you are changing the registration to a trust, provide the name of the grantor, name(s) of the trustee(s), and date on which the trust was created. If you want to change your registration to a trust and a different Taxpayer Identification Number will be used, open an account in TreasuryDirect and transfer the securities to the TreasuryDirect account with a *Security Transfer Request* (FS Form 5179). (For FS Form 5179, go to [www.treasurydirect.gov](http://www.treasurydirect.gov).)
  - Minor name corrections, such as misspellings, adding or deleting a middle name or initial, or substituting a common nickname require your signature, but the signature doesn't have to be certified.
  - Name changes due to marriage must be signed "(current name) changed by marriage from (former name)" and, unless you submit a copy of your marriage certificate, your signature must be certified. For name changes not due to marriage, you must submit a certified copy of the legal document showing the name change. If supporting evidence is submitted, your signature to the form does not have to be certified.
- **ADDRESS CHANGE** – Mark this box to change the address that currently appears on your account. Provide the complete address as it should appear.
- **TELEPHONE NUMBER CHANGE** – Mark this box to change the telephone number or numbers that currently appear on your account. Provide the correct number or numbers, including area codes and, if appropriate, your extension.
- **PAYMENT INFORMATION CHANGE** – Mark this box to change the direct deposit information that currently appears on your account. Provide the complete direct deposit information as it should appear. If both the Legacy Treasury Direct account and the receiving financial institution account are in the names of individuals, then at least one of the individuals named on the Legacy Treasury Direct account must be named on the deposit account. A certified signature is required for any payment information change.

- **TAXPAYER IDENTIFICATION NUMBER CORRECTION** – Mark this box to correct the Taxpayer Identification Number that currently appears on your account. Provide the correct number for the first-named owner.

### Item 3. SIGNATURES AND CERTIFICATION

**SIGNATURES** – This form **must** be signed in all cases. The owner named on the Legacy Treasury Direct account, his or her authorized representative, or the person entitled to the account must sign the form in ink, and provide his or her title (if applicable), mailing address, daytime telephone number, and, if applicable, e-mail address. **If there are two owners joined by the word "and," both must sign this form if it involves a name change (other than a minor change), payment information change, or consolidation of accounts. If a correction of the Taxpayer Identification Number is requested, the form must be signed by the first-named owner whose Taxpayer Identification Number is shown.**

Certification of the signature is required if you add or delete a beneficiary or second owner, if you change the payment information, if you change your name (other than a minor change) and don't submit supporting evidence, if you change your registration from an individual account to your grantor trust, or if you change your registration from a grantor trust to an individual account. You must wait until you are in the presence of a certifying individual to sign this form.

If the account is registered in the name of an organization or corporation, a current *Resolution for Transactions Involving Treasury Securities* (FS Form 1010) or your own corporate resolution must be submitted with this request. (For FS Form 1010, go to [www.treasurydirect.gov](http://www.treasurydirect.gov).)

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association, created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust.

**CERTIFICATION** – If certification is applicable, each person whose certified signature is required must appear before and establish identification to the satisfaction of an authorized certifying individual and sign and date the form in the individual's presence. The certifying individual must fully complete the certification blocks provided and affix the seal or stamp which is used when certifying requests for payment. Acceptable certifications include a Financial Institution's Official Seal or Stamp (such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). Brokers must use a Medallion Stamp (original signature is required). Authorized certifying individuals include authorized employees of insured depository institutions and corporate central credit unions.

**Please note that certification by a notary public is NOT acceptable.**

**WHERE TO SEND** – Send the completed form to: Treasury Retail Securities Services, P.O. Box 9150, Minneapolis, MN 55480-9150. Call us toll-free in the United States at 844-284-2676. Outside the U.S.? Call us at +1-304-480-6464. Legal evidence or documentation you submit cannot be returned.

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

- the **maturity date** of the security, and
- an **interest payment date** for the security.

**CONFIRMATION OF TRANSACTION(S)** – You will receive a Legacy Treasury Direct *Confirmation of Change in Investor Account Information* after your transaction has been processed. A *Statement of Account* will be sent for each account when Legacy Treasury Direct accounts are consolidated.

#### NOTICE UNDER 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.**