

Durable Power of Attorney for Securities and Savings Bonds Transactions



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.

1. APPOINTMENT

I, _____, hereby appoint
(Name of Grantor)

_____ as my attorney-in-fact.
(Name of Attorney-in-Fact)

2. AUTHORITY

(Check all the boxes that apply.)

- A. ☐ Relating to my Treasury securities and United States Savings Bonds and Notes, I authorize my attorney-in-fact named above to perform any and all transactions that Treasury regulations permit an attorney-in-fact to make. This authority includes the right to execute tax documents related to these securities. This does not include the authority to make transfers to the attorney-in-fact or to make gifts to others.
- B. ☐ I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretionary, that I am authorized to perform regarding securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed as fiduciary.
- C. ☐ In addition to one or both of the above, I authorize my attorney-in-fact to make gifts to others. I further authorize my attorney-in-fact to make transfers (either for consideration or as a gift) to the attorney-in-fact.

Authorized transactions may include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH or any other authorized payment method, or reinvestments. The Bureau of the Fiscal Service will not be liable for any loss, cost, or expense that you may incur as a result of transactions made by the attorney-in-fact appointed.

3. TERM AND DURABILITY

This power is effective until it is revoked in writing. (See Item 3 in the instructions for revocation procedures.) This is a durable power of attorney that will not be affected by the grantor's subsequent disability or incapacity.

4. SIGNATURE - Sign in ink in the presence of a certifying officer and provide the requested information.
I ratify any and all authorized transactions by my attorney-in-fact.

Sign Here: _____			
_____ (Print Name)		_____ (Social Security Number)	
Home Address _____ (Number and Street or Rural Route)		_____ (Daytime Telephone Number)	
_____ (City)	_____ (State)	_____ (ZIP Code)	_____ (E-mail Address)
Account number, if applicable _____			

Instructions to Certifying Officer: 1. Name 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)			
_____ (Signature and Title of Certifying Officer)			
_____ (Name of Financial Institution)			
_____ (Address)			
_____ (City, State, ZIP code)			
_____ (Telephone)			

**(OFFICIAL STAMP
OR SEAL)**

INSTRUCTIONS

USE OF FORM – Use this form to appoint and authorize an attorney-in-fact to conduct any and all authorized transactions regarding Treasury securities. These securities include, but are not necessarily limited to, Treasury bills, notes, bonds, and TIPS, FRNs, and all series of United States Savings Bonds and Savings Notes. Authorized transactions include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH or any other authorized payment method, reinvestments, and/or the completion of tax documents. (An attorney-in-fact may not reissue definitive savings bonds.)

IMPORTANT NOTICES

- This form gives the individual or organization you name as attorney-in-fact broad powers to handle your securities and/or securities for which you are acting on the owner's or entitled party's behalf as fiduciary. If you have questions about these powers, you should seek professional legal advice before signing this form.
- The attorney-in-fact is not permitted to transfer securities to an account in his or her own name unless the grantor marks Box C.
- Checking Box C in "**2. AUTHORITY**" will authorize the attorney-in-fact to make transfers of your Treasury securities without limitations.
- If the grantor is an organization, submit a resolution authorizing the appointment of an attorney-in-fact. FS Form 1010 (available at www.treasurydirect.gov) may be used for this purpose.
- If the grantor of the power of attorney is a trustee, provide the following excerpts of the trust instrument:
 - o a copy of the page showing the name and date of the trust
 - o a copy of the page showing the trustee's authority to appoint an agent or attorney-in-fact
 - o a copy of the signature page

- Only original signatures will be accepted (stamped signatures are not acceptable).
- **This form will not be accepted with alterations or corrections.**

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

ITEM 1. APPOINTMENT

Insert your name as grantor. Provide the name of the individual or organization you appoint as attorney-in-fact.

ITEM 2. AUTHORITY

Carefully read the statement regarding the authority you are granting. As previously stated, if you have questions about the scope of the authority granted, you should seek professional legal advice before signing this form. Mark Box A to grant authority regarding your securities. Mark Box B to grant authority for securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which you are now, or may later be, appointed as fiduciary. Mark both Boxes A and B if you want to grant both individual and fiduciary authorities. **Additional evidence may be required to establish your appointment and qualification as a fiduciary.** Mark Box C to grant authority to make gifts without limitations to the attorney-in-fact and other individuals.

ITEM 3. TERM AND DURABILITY

This power of attorney is in effect until revoked and the authority granted will not be affected by the subsequent disability or incapacity of the grantor. It is the responsibility of the grantor or the attorney-in-fact to notify us of changes or revocations to this power of attorney. Changes or revocations must be in writing (notarized or certified) and sent to the Bureau of the Fiscal Service.

ITEM 4. SIGNATURE

You must sign the form in ink, print your name, and provide your home address, account number (for Legacy Treasury Direct, TreasuryDirect, or HH/H), Taxpayer Identification Number (Social Security Number or Employer Identification Number), daytime telephone number and your e-mail address. Your signature must be certified (see "CERTIFICATION").

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. Examples of acceptable seals and stamps:

- The financial institution's official seal or stamp, including: Signature Guaranteed seal or stamp; Endorsement Guaranteed seal or stamp; Corporate seal or stamp (a corporate resolution isn't required); or Issuing or paying agent seal or stamp (including name, location, and four-digit identification number or nine-digit routing number)
- The seal or stamp of Treasury-recognized Signature Guarantee Programs or other Treasury-approved Medallion Programs

WHERE TO SEND – Unless otherwise instructed in accompanying correspondence send this form (without instruction page), **the securities, if any**, and any additional information to the appropriate address. Legal evidence or documentation you submit cannot be returned.

- HH and H savings bonds – Treasury Retail Securities Services, PO Box 2186, Minneapolis, MN 55480-2186
- Other paper savings bonds – Treasury Retail Securities Services, PO Box 214, Minneapolis, MN 55480-0214
- Securities in TreasuryDirect – Treasury Retail Securities Services, PO Box 7015, Minneapolis, MN 55480-7015
- Securities in Legacy Treasury Direct – Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150
- Paper marketable securities – Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

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 the completed form to this address; send it to the correct address shown in "WHERE TO SEND."**