

Resolution for Transactions Involving Treasury Securities



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. RESOLUTION

List the name(s) of individuals presently duly qualified and acting on behalf of the organization.

Resolved that:

Name(s) and Titles of Authorized Individual(s)

is/are authorized to perform any and all transactions relating to United States Treasury Securities held in the name of:

Name of Organization

Taxpayer ID No. or Account No.

either in its own right or in a fiduciary capacity, including the right to execute tax documents related to these securities.

If more than one individual is named, they are authorized to act separately jointly.

(If neither box is selected, the authority to act jointly will be assumed unless the names are joined by "or.")

A TreasuryDirect entity account manager must be certified to act alone.

If the Department of the Treasury requires a Bond of Indemnity to protect the interests of the United States, the named individual(s) are authorized to execute the Bond of Indemnity on behalf of this organization as:

principal surety principal or surety.

(If not completed, no authority will be assumed.)

It is further resolved that any action taken by the named individual(s) is hereby ratified and that this authorization shall remain in effect until revoked or for 1 year 2 years

other _____ from the date of certification.

(One year will be assumed unless otherwise indicated.)

The named individual(s) are authorized to perform transactions relating to

all accounts/securities only the accounts/securities specified on the attached additional pages (attach a page describing the accounts/securities).

(All accounts/securities will be assumed unless otherwise indicated.)

2. AUTHORIZATION

If the organization does not have a seal, you MUST wait until you are in the presence of a certifying officer to sign this form. The form must be signed by an officer other than the person(s) authorized in item 1 above.

I certify under penalty of perjury that the foregoing is a true copy of a resolution adopted at a meeting of the governing body of:

Name of Organization Taxpayer Identification Number

and that said meeting was duly called and held and that the resolution was duly adopted and is in full force.

(SEAL OF THE ORGANIZATION)

Signature(s) Date

Title Telephone number

3. CERTIFICATION – Required ONLY if organization’s seal is NOT affixed above

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)

(Signature and Title of Certifying Officer)

(Name of Financial Institution)

(Address)

(City, State, ZIP code)

(Telephone)

(OFFICIAL STAMP OR SEAL)

SEE INSTRUCTIONS FOR ACCEPTABLE CERTIFICATION

INSTRUCTIONS

USE OF FORM

This form can be used to authorize individuals (by name and title) in an organization to conduct any transactions regarding Treasury securities.

IMPORTANT NOTES

- 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 this transaction. To avoid delays, read the instructions carefully and **type or print clearly in ink only**.

RESOLUTIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.

1. RESOLUTION

Provide the **name(s)** and **title(s)** of the individual(s) being granted authority.

Provide the complete legal name and Taxpayer Identification Number or account number of the organization.

Indicate whether individuals may act separately or if they must act jointly. If neither box is selected, the authority to act jointly will be assumed **unless** the names are joined by "**or**." Please note that a TreasuryDirect entity account manager must be certified to act alone.

Indicate whether the named individual(s) are authorized to execute a bond of indemnity on behalf of the organization. Otherwise, it will be assumed that named individuals do NOT have the authority to execute a bond of indemnity. Generally, a bond of indemnity will only be used for lost definitive security claims.

Indicate the time period the authority will remain in effect. If the authority to act has no specified effective time limit, "until revoked" should be checked. Otherwise, it will be assumed the authorization is valid for one year.

If the authority granted is restricted to specific accounts/securities, mark the appropriate box and attach a page describing the accounts/securities. If the authority granted is for all accounts/securities, mark that box. If neither box is selected, it will be assumed that the authorization is for all accounts/securities.

2. AUTHORIZATION

After the resolution has been adopted by the organization, an officer of the organization who is responsible for maintaining the organization's records, should sign and date the form. This officer cannot be among those named on the front of the form (i.e., an officer may not sign his or her own authorization to conduct transactions). The organization's seal must be affixed to the form. If the organization does not have a seal, the form must be certified.

3. CERTIFICATIONS

Certification of the officer's signature is required only if the organization's seal is not affixed to this form. 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, **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

RETENTION OF RESOLUTION – If this resolution is submitted in support of a specific transaction request, subsequent requests should be accompanied by additional resolution forms. If this resolution is to remain in effect for a longer period of time, this form will be retained at the Bureau of the Fiscal Service. In order to be effective, changes or revocations to this resolution must be in writing, certified, and sent to the Bureau of the Fiscal Service. The Department of the Treasury (Bureau of the Fiscal Service) will not be responsible for recognizing changes or revocations not submitted.

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; or 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.**