## FS Form 4000 (Revised September 2022)

# **Request To Reissue United States Savings Bonds**



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.

**NOTE:** When we reissue Series EE or Series I savings bonds, we no longer provide paper bonds. The reissued bonds are in electronic form, in our online system TreasuryDirect. For information on TreasuryDirect, go to www.treasurydirect.gov.

If you are the …	and are requesting reissue to …	for EE or I complete		for HH bonds, complete parts 	Who must sign & what evidenc	e is needed
		Use either: 1) SmartExchange (see web address and information below this table). In manifest document you'll use, provide reason for name change. 2) Request reissue by FS Form 4000. A & C See Note below table.				red if name change arriage, divorce, or
Owner	Change name			B & C	Series EE and I Owner	Series HH Owner
Owner	Trust	Use FS I	Form 1851	Use FS Form 1851		Form 1851
Owner named on the bonds	Add a coowner	You cannot coowner, bi	add a new ut you can ndary owner. v, see Note	B & C	Owner	an this form
Owner named on the bonds	Add, change, or remove beneficiary	Use either: 1) SmartExchange (see web address and information below this table). In manifest document you'll use, provide desired		Owner		
		Series EE	Series I		Series EE and I	Series HH
Owner named on the bonds – single owner	Remove living owner to name new owner	A & C, but only if directed by judicial proceedings		B & C	Owner and new owner	Owner (New owner must give direct-deposit information on FS Form 5396)
					Series EE and I	Series HH
Owner of bonds in coownership form	Remove living coowner	A & C		B&C	Both coowners	Owner whose name is being removed if another coowner or beneficiary is

					not to be named. Otherwise, both coowners must sign. (New owner must give direct-deposit information on FS Form 5396)
Surviving registrant	Remove deceased registrant	Use either: 1) SmartExchange (see web address and information below this table). You'll need to provide death certificate. 2) Request reissue by FS Form 4000. A & C See Note below table.	B & C	Living registrant. of death certificat (For Series HH, o direct-deposit info Form 5396)	wner must give
				Series EE and I	Series HH
Purchaser	Correct the registration of bonds in <b>single owner</b> or <b>beneficiary</b> form	A & C	B & C	Purchaser (If the purchaser doesn't wish to op TreasuryDirect account, the own must provide the TreasuryDirect ac information in par and join the purch in signing in part	er Purchaser ccount t A naser
Purchaser	Correct the registration of bonds	A & C	B & C	Series EE and I	Series HH
Purchaser	in <b>coownership</b> form	A&C	B&C	Purchaser and both coowners	Purchaser
Entitled person due to a divorce, legal separation, or annulment	Change ownership and remove name of living owner	A & C	B & C	Entitled person. Send certified copy of divorce decree. (For Series HH, new first-named owner must give direct-deposit information on FS Form 5396)	
				Series EE and I	Series HH
Legal guardian	Show legal guardianship registration	A & C	B & C	Legal guardian. Send certified copy of letters of appointment. (The coowner must also sign in part C)	Legal guardian. Send certified copy of letters of appointment. (For Series HH, legal guardian must give direct- deposit information on FS Form 5396, and, if TIN is changing, complete W-9)
Entitled person through estate or trust	Name a new owner	A & C	B & C	Entitled person (For Series HH, n direct-deposit info Form 5396)	ew owner must give rmation on FS

Legal representative of an estate	The estate	A & C	B & C	Current legal representative. Send certified copy of letters of appointment and death certificate(s) for decedent(s) named in the registration of the bonds. (For Series HH, legal representative must give direct-deposit information on FS Form 5396, and, if TIN is changing, complete W-9)
Successor legal representative of an estate	Show successor legal representative	A & C	B & C	Successor legal representative. Current letters of appointment. (For Series HH, successor legal representative must give direct- deposit information on FS Form 5396, and, if TIN is changing, complete W-9)
Successor trustee	Show new successor trustee	A & C	B & C	Successor trustee. Send resignation letter, death certificate, or court order showing why original trustee is no longer acting. Also, send a Certification of Trust or the complete trust agreement including any amendments. (For Series HH, successor trustee must give direct-deposit information on FS Form 5396, and, if TIN is changing, complete W-9)

\*NOTE: A Series EE or Series I savings bond is reissued in electronic form in an online TreasuryDirect account. A bond reissued to an **individual** will be in one name alone. However, after the bond is reissued in TreasuryDirect, the owner can add a secondary owner or beneficiary to the bond. While a secondary owner does not have the same rights as a co-owner, the secondary owner may still be provided the ability to redeem the bond and has survivorship rights. A bond reissued to an **entity**, such as a trust, always will be solely in the name of the entity.

SmartExchange – This program allows you to convert paper Series EE and paper Series I bonds to electronic form. In doing this, you can make some changes to the registration (ownership) of the bonds, provided you supply appropriate evidence and/or information. For more about SmartExchange, please visit our website at https://www.treasurydirect.gov/savings-bonds/manage-bonds/convert-paper-to-electronic/.

## PART A - REISSUES OF SERIES EE AND SERIES I BONDS

**NOTES:** 1) When we reissue Series EE or Series I savings bonds, we no longer provide paper bonds. The reissued bonds are in electronic form, in our online system TreasuryDirect. For information on opening an account in TreasuryDirect, go to www.treasurydirect.gov. 2) Series EE and Series I bonds may not be reissued within one month of final maturity.

## **1. DESCRIPTION OF BONDS**

I/We request reissue of the savings bonds described below, in the amount of \$\_\_\_\_\_\_ total face amount.

ISSUE DATE (Specific month and year of purchase)	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses [street, city, state] on the bonds.)

(If you need more space, attach either FS Form 3500 [see www.treasurydirect.gov] or a plain sheet of paper.)

## 2. I/WE AGREE to reissue the bonds in electronic form in the following TreasuryDirect account:

Account Number	Social Security	y Number o	r Employ	/er Identification No.	

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

**NOTE:** You may add a secondary owner or beneficiary once bonds have been reissued in electronic form in your TreasuryDirect account. For instructions, access your account and click "How do I" at the top of the page.

**TAX LIABILITY:** If the name of a living owner or principal coowner of the bonds is eliminated from the registration, the owner or principal coowner must include the interest earned and previously unreported on the bonds to the date of the transaction on his or her Federal income tax return for the year of the reissue. (Both registrants are considered to be coowners when bonds are registered in the form: "A" or "B.") The principal coowner is the coowner who (1) purchased the bonds with his or her own funds, or (2) received them as a gift, inheritance, or legacy, or as a result of judicial proceedings, and had them reissued in coownership form, provided he or she has received no contribution in money or money's worth for designating the other coowner on the bonds. If the reissue is a reportable event, the interest earned on the bonds to the date of the reissue will be reported to the Internal Revenue Service (IRS) by a Federal Reserve Bank or the Bureau of the Fiscal Service under the Tax Equity and Fiscal Responsibility Act of 1982. THE OBLIGATION TO REPORT THE INTEREST CANNOT BE TRANSFERRED TO SOMEONE ELSE THROUGH A REISSUE TRANSACTION. If you have questions concerning the tax consequences, consult the IRS, or write to the Commissioner of Internal Revenue, Washington, DC 20224. **Unless we are otherwise informed, the first-named coowner will be considered the principal coowner for the purpose of this transaction.** 

## 3. DESCRIBE THE REASON FOR THE REISSUE \_\_\_\_\_

a. If the reason shown above i	s to correct an error in registration, provide the following informa	ation.
(1) Who purchased the bonds?	(2) Whose funds were used?	

(3) How did the error occur?

(4) How should the bonds have been registered originally?

(a) Social Security Number or	r Employer Identification Number
(b)	
	(Full name of owner/first named coowner or fiduciary inscription)
(c) Name of 🗌 coowner	beneficiary

b. If the bonds will be held in the purchaser's TreasuryDirect account as gifts please provide:

Name of recipient:

Social Security Number of recipient

## PART B – REISSUES OF SERIES HH BONDS, RETIREMENT PLAN BONDS, AND INDIVIDUAL RETIREMENT BONDS

**NOTES**: Savings bonds within one month of final maturity cannot be reissued. When reissuing Series HH savings bonds, the owner should also submit FS Form 5396, providing direct-deposit instructions for semi-annual interest payments (see www.treasurydirect.gov to download the form).

## **1. DESCRIPTION OF BONDS**

I/We request reissue of the savings bonds described below, in the amount of \$\_\_\_\_\_\_ total face amount.

ISSUE DATE (Specific month and year of purchase)	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses [street, city, state] on the bonds.)

(If you need more space, attach either FS Form 3500 [see www.treasurydirect.gov] or a plain sheet of paper.)

## 2. REQUESTED REGISTRATION

a. Taxpayer Identifica	tion Number			
	(Social Security Number or E	mployer Identification Number)		
b. Registration				
	(Full name of owner/first nam	ed coowner or fiduciary inscription	on)	
c. Mailing Address				
-	(Number and Street or Rural Route)	(City)	(State)	(ZIP Code)
d. To name a coowne	r or beneficiary select the appropriate box an	d enter a name:		
coowner	beneficiary (POD)			
		(Full name of coowned)	er or beneficiary)	
(If a name is shown and	neither box is marked, coownership will be assumed.	)		
include the interest earner reissue. (Both registrants	name of a living owner or principal coowner of the bon d and previously unreported on the bonds to the date of are considered to be coowners when bonds are regis with his or her own funds, or (2) received them are a dif	of the transaction on his or her Fe tered in the form: "A" or "B.") Th	ederal income tax return ne principal coowner is th	for the year of the le coowner who

(1) purchased the bonds with his or her own funds, or (2) received them as a gift, inheritance, or legacy, or as a result of judicial proceedings, and had them reissued in coownership form, provided he or she has received no contribution in money or money's worth for designating the other coowner on the bonds. If the reissue is a reportable event, the interest earned on the bonds to the date of the reissue will be reported to the Internal Revenue Service (IRS) by a Federal Reserve Bank or the Bureau of the Fiscal Service under the Tax Equity and Fiscal Responsibility Act of 1982. THE OBLIGATION TO REPORT THE INTEREST CANNOT BE TRANSFERRED TO SOMEONE ELSE THROUGH A REISSUE TRANSACTION. If you have questions concerning the tax consequences, consult the IRS, or write to the Commissioner of Internal Revenue, Washington, DC 20224. **Unless we are otherwise informed, the first-named coowner will be considered the principal coowner for the purpose of this transaction.** 

## 3. DESCRIBE THE REASON FOR THE REISSUE \_\_\_\_\_

If the reason shown above is to correct an error in registration, provide the following information:

a. Who purchased the bonds? \_\_\_\_\_

b. Whose funds were used?

c. How did the error occur?

## PART C – SIGNATURES AND CERTIFICATIONS

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief. I/We agree to reissue of the bonds as indicated and certify that the reissue is authorized. I/We hereby bind ourselves, our heirs, legatees, successors, and assigns, jointly and severally, to hold the United States harmless on account of the reissue requested herein, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the bonds.

Persons named on the bonds as well as the TreasuryDirect Account owner or Account Manager (if not the same person) must sign the form.

Sign in ink in the presence of a notary or certifying officer and provide the requested information.

Sign Here:				
		(Applicant's Sig	nature)	(Applicant's title)
Home Address	(Print Name)			(Social Security Number)
nome Address		and Street or Rural Rou	te)	(Daytime Telephone Number)
	(City)	(State)	(ZIP Code)	(E-mail Address)

Sign Here:				
		(Applicant's Sig		(Applicant's title)
	(Print Name)			(Social Security Number)
Home Address	(Number a	and Street or Rural Rou	te)	(Daytime Telephone Number)
	(City)	(State)	(ZIP Code)	(E-mail Address)
Sign Here:				
		(Applicant's Sig	nature)	(Applicant's title)
	(Print Name)			(Social Security Number)
Home Address	(Number a	and Street or Rural Rou	te)	(Daytime Telephone Number)
	(City)	(State)	(ZIP Code)	(E-mail Address)

# Instructions to Notary or Certifying Officer:

- Name(s) of the person(s) who appeared and date of appearance MUST be completed.
   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	o Appeared)		
is/are known or proven to me, personally appeared before me this	da	ay of	
at	and signed this form	(Month)	(Year)
at(City, State)			
(Signature and Title of Notary or Certifying Officer)			
(Name of Financial Institution)		(OFFICIAL S OR SEA	
(Address)			
(City, State, ZIP code)			
(Telephone)			

I CERTIFY that		, w	hose identity(ies)
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(City, State)	_ and signed this form.		
(Orly, State)			
(Signature and Title of Notary or Certifying Officer)			
		(OFFICIAL STAM	Р
(Name of Financial Institution)		OR SEAL)	
(Address)			
(City, State, ZIP code)			
(Telephone)			
I CERTIFY that(Names of Persons Wh	o Appeared)	, w	hose identity(ies)
is/are known or proven to me, personally appeared before me this	day	of	
is/are known or proven to me, personally appeared before me this	day and signed this form.	of (Month)	(Year)
is/are known or proven to me, personally appeared before me this at (City, State)	day _ and signed this form.	of (Month)	(Year)
is/are known or proven to me, personally appeared before me this at (City, State)	day _ and signed this form.	of (Month)	(Year)
is/are known or proven to me, personally appeared before me this at (City, State) (Signature and Title of Notary or Certifying Officer)	day _ and signed this form.	of(Month)	(Year)
at(City, State)	day _ and signed this form.		
at(City, State)	day _ and signed this form.	of(Month) (OFFICIAL STAM OR SEAL)	
at(City, State)(Signature and Title of Notary or Certifying Officer)	day _ and signed this form.	(OFFICIAL STAM	
at(City, State)(Signature and Title of Notary or Certifying Officer)	day _ and signed this form.	(OFFICIAL STAM	
at(City, State) (Signature and Title of Notary or Certifying Officer) (Name of Financial Institution)	day _ and signed this form.	(OFFICIAL STAM	
at(City, State) (Signature and Title of Notary or Certifying Officer) (Name of Financial Institution) (Address)	day _ and signed this form.	(OFFICIAL STAM	
at(City, State)(Signature and Title of Notary or Certifying Officer)(Name of Financial Institution)	day _ and signed this form.	(OFFICIAL STAM	
at(City, State) (Signature and Title of Notary or Certifying Officer) (Name of Financial Institution) (Address)	day	(OFFICIAL STAM	

## INSTRUCTIONS

**USE OF FORM** – Complete this form to reissue paper (definitive) Series EE, Series HH, and Series I United States Savings Bonds, Retirement Plan Bonds, and Individual Retirement Bonds. A separate form must be used for each new registration with the corresponding account number for Series EE and Series I. A separate Part B must be used for each new form of registration for Series HH, Retirement Plan Bonds, and Individual Retirement Bonds.

To request payment, submit form FS Form 1522 (see www.treasurydirect.gov) instead of this form.

### INCOMPETENT OR MINOR -

For Series EE and Series I bonds:

- A minor may not sign a request for reissue
- A minor under legal guardianship may not request reissue
- An incompetent owner, coowner, or beneficiary may not request reissue
- Reissue will be in the name of the minor or incompetent alone

For Series HH bonds:

- A minor of sufficient age and competency to sign the request and to understand the nature of the transaction may request reissue
- A minor under legal guardianship may not request reissue
- An incompetent owner, coowner, or beneficiary may not request reissue

## PART A - REISSUES OF SERIES EE AND SERIES I BONDS

1. Describe the bonds to be reissued into TreasuryDirect.

2. Provide the TreasuryDirect account number, account name, and Social Security Number or Employer Identification Number.

- 3. Describe the reason for the reissue. If the reason is to correct an error in registration, provide the correct registration.
  - a. If you are correcting an error in registration, show who bought the bonds, whose funds were used and how the error occurred. Then provide information on how the bonds should have been registered originally.

b. If the bonds will be held in the purchaser's TreasuryDirect account as gifts, provide the name and Social Security Number of the intended recipient.

## PART B - REISSUES OF SERIES HH BONDS, RETIREMENT PLAN BONDS, AND INDIVIDUAL RETIREMENT BONDS

1. Describe the bonds to be reissued.

2. Provide the following information:

a. The appropriate Taxpayer Identification Number (Social Security Number or Employer Identification Number).

If the new bonds are to be inscribed in the name of .	Provide this	
One person as owner, with or without a beneficiary	The Social Security Number of the owner	
Two persons as coowners	The Social Security Number of the first-named coowner	
A guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward	The Social Security Number of the minor, incompetent, or other ward	
Other fiduciary registration (trustee, administrator of decedent's estate, etc.)	The Social Security Number of the grantor of the trust or decedent or an Employer Identification Number assigned to the fiduciary estate	

b. The new registration. Use as much space as necessary to give either a name (first name, middle name or initial, and last name) or a fiduciary inscription.

c. Provide your mailing address.

d. If you want to add a coowner or beneficiary, mark the appropriate box and insert his or her name. If there is a name but no box is marked coownership will be assumed.

3. Describe the reason for the reissue. Complete guidelines for authorized reissue transactions may be found in the regulations, in the following Department Circulars: DC 3-80 (Series HH), DC 1-75 (Individual Retirement Bonds), and DC 1-63 (Retirement Plan Bonds). If you're correcting an error in registration, show who bought the bonds, whose funds were used, and how the error occurred.

## **PART C – SIGNATURES AND CERTIFICATIONS**

**SIGNATURES** - Sign the form in ink, in the presence of a notary or authorized certifying officer. The form must be signed as indicated in Part C of the instructions. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of a notary or authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request. If an owner or coowner's name has been changed by marriage, divorce, court order, naturalization, or otherwise, he or she must sign the form as follows: "<u>(PRESENT LEGAL NAME)</u>", changed by (specify manner in which change occurred) from "<u>(NAME AS ON BONDS)</u>." To support a change of name, other than by marriage, a complete statement should follow the signature to show exactly how the change of name was authorized. Evidence may be required.

**CERTIFICATION** – Each person whose signature is required must appear before and establish identification to the satisfaction of a notary or authorized certifying officer. If a minor owner or coowner signs the request to reissue Series HH bonds, the notary or officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. The signatures to the form must be signed in the presence of the notary or officer. The notary or 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 seal or stamp of a notary.
- A 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

**ADDITIONAL EVIDENCE** – The Commissioner of the Fiscal Service, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

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

Treasury Retail Securities Services, P.O. Box 9150, Minneapolis, MN 55480-9150

#### FOR BOND-RELATED INQUIRIES:

• Email: SavBonds@bpd.treas.gov • Phone: 844-284-2676 (toll free) • Fax: 612-629-4285

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