FS Form 5512 (Revised February 2022)

OMB No. 1530-0071

TreasuryDirect_® **Redemption and Bank Change 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.

Use this form to redeem savings bonds or add (or edit) bank information in your TreasuryDirect account.

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1. TREASURYDIRECT ACCOUNT INFORMATION	
TreasuryDirect Account Number:	· · · · · · · · · · · · · · · · · · ·
TreasuryDirect Account Name:	
2. REDEEM EE OR I SAVINGS BONDS AND/OR C O Complete a separate copy of this section (section 2) for bonds to be redeemed is more than can be described in	each separate redemption request and/or if the number of savings
I request redemption of the following EE or I saving	s bonds held in TreasuryDirect.
Description of Savings Bonds to be redeemed (sele	ct one box):
Redeem ALL my savings bonds listed in the requ	ested TreasuryDirect account.
Redeem only the savings bonds listed below by c	confirmation number:
Confi	irmation numbers
	
Check if redeeming C of I to the extent of \$	<u> </u>
Payee information:	
•	
	or
(Social Security Number of Payee)	(Employer Identification Number of Payee)
Direct Deposit instructions – I request that the proceed	eds from the redemption be deposited to:
	s) on the Bank Account)
Bank Routing No. (nine digits):	
	Type of Account Checking Savings
(Depositor's Account No.)	
(Financial Institution's Name)	(Financial Institution's Phone No.)

3. ADD (EDIT) BANK INFORMATION

Provide the bank account you want added to your TreasuryDirect account(s). If you want to edit any bank account information already listed in your TreasuryDirect account(s), such as correcting an account or routing number, complete **all** of the following fields as if you were adding a new bank account. We will add all of the information as a new bank account. You can then access your TreasuryDirect account and delete the unwanted bank account.

Please add the following bank information to my Treas	uryDirect account:		
Bank Name:			
Bank Routing No. (nine digits):			
Account Number:	Type of Account	Checking Savings	3
Name(s) on Account:			
Make this my Primary Bank information fo			
	or		
(Social Security Number of Payee)	(Employer Identification	n Number of Payee)	
Select one: Please apply this information to all of the Custom, Conversion, or Minor Linked a	TreasuryDirect accounts listed		′,
Complete the following if you want to add another bank	k to your TreasuryDirect accou	nt:	
Bank Name:			
Bank Routing No. (nine digits):			
Account Number:	Type of Account	Checking Savings	3
Name(s) on Account:			
You will receive an e-mail once we have added	d the bank account(s) to your Tr	reasuryDirect account.	

IMPORTANT NOTICES

- Only original signatures will be accepted (stamped signatures are not acceptable).
- If you are a corporation with a governing body, a resolution or a FS Form 1010 must accompany this form.
- If any person signing this form is acting in a fiduciary capacity, failure to provide legal evidence may delay processing.
- This form will not be accepted with alterations or corrections.

KEEP PAGE 6 OF THIS FORM FOR REFERENCE

It contains instructions for

- deleting an unwanted bank account
- changing the source of funds on pending purchases
- changing the payment destination for interest and/or maturity payments

4. SIGNATURES AND CERTIFICATIONS

Under penalties of perjury, I 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.

Sign lere:				
	(Print Name)			(Social Security Number)
Home Address	(Number an	nd Street or Rural Rou	ute)	(Daytime Telephone Number)
	•		,	, , , , ,
	(City)	(State)	(ZIP Code)	(E-mail Address)
Sign Here:				
	(Print Name)			(Social Security Number)
Home Address (Number and Street or Rural Rout		ute)	(Daytime Telephone Number)	
netructions to C	(City)	(State)	(ZIP Code)	(E-mail Address)
If a Medallion st	ertifying Officer tamp is used, an	r: 1 . Name(s) of the original signature i	e person(s) who appeare is required. 3 . Person(s	ed and date of appearance MUST be completed.) must sign in your presence. , whose identity(ies)
If a Medallion st	ertifying Officer tamp is used, an	r: 1 . Name(s) of the original signature i	e person(s) who appeared is required. 3. Person(s	ed and date of appearance MUST be completed.) must sign in your presence. , whose identity(ies)
If a Medallion st	ertifying Officer tamp is used, an	r: 1 . Name(s) of the original signature in (Names	e person(s) who appeared is required. 3. Person(s	ed and date of appearance MUST be completed.) must sign in your presence. , whose identity(ies) day of(Month) (Year)
If a Medallion state I CERTIFY that is/are known or part	ertifying Officer tamp is used, an proven to me, pe	r: 1 . Name(s) of the original signature in (Names	e person(s) who appeared is required. 3. Person(s	ed and date of appearance MUST be completed.) must sign in your presence. , whose identity(ies) day of(Month) (Year)
If a Medallion si	ertifying Officer tamp is used, an proven to me, pe	r: 1. Name(s) of the original signature in (Names ersonally appeared State)	e person(s) who appeared is required. 3. Person(s	ed and date of appearance MUST be completed.) must sign in your presence. , whose identity(ies) day of (Month) (Year) ned this form.
If a Medallion si	ertifying Officer tamp is used, an proven to me, pe (City, S	r: 1. Name(s) of the original signature in (Names ersonally appeared State) of Certifying Officer)	e person(s) who appeared is required. 3. Person(s	ed and date of appearance MUST be completed.) must sign in your presence. , whose identity(ies) day of (Month) (Year) ned this form.
If a Medallion state I CERTIFY that is/are known or part	ertifying Officer tamp is used, an proven to me, pe (City, S Signature and Title (Name of Finance)	r: 1. Name(s) of the original signature in (Names ersonally appeared State) of Certifying Officer)	e person(s) who appeared is required. 3. Person(s	ed and date of appearance MUST be completed.) must sign in your presence. , whose identity(ies) day of (Month) (Year) ned this form.

I CERTIFY that	, whose identity(ies)				
(Names of Persons Who Appeared)					
is/are known or proven to me, personally appeared before me this	da	ay of			
at	and signed this form	n.	(Month)	(Year)	
(City, State)	J				
(Signature and Title of Certifying Officer)					
(Name of Financial Institution)		(OEI	EICIAI STAMD		
(Address)	(OFFICIAL STAMP OR SEAL)				
(City, State, ZIP code)					
(Telephone)	(Notary certification is NOT acceptable.)			ptable.)	

INSTRUCTIONS

1. TREASURYDIRECT ACCOUNT INFORMATION

Provide the requested information.

2. REDEEM EE OR I SAVINGS BONDS AND/OR C OF I

Description of Savings Bonds – Check either the box to redeem all savings bonds or the box to redeem only some of your savings bonds. If you are redeeming only some, list the confirmation number for each savings bond you are asking us to redeem. Check the third box if you want to redeem your C of I, and state the amount you want to redeem.

Payee Information – Furnish the name and taxpayer identification number of the payee. Furnish the Social Security Number if the payee is an Individual. If payment is being requested to an estate or trust and the IRS has assigned an Employer Identification Number, provide that number.

Direct Deposit Instructions – Furnish information on the bank account where the payment is to be direct-deposited. All payments must be made by direct deposit to a designated bank account.

All persons requesting redemption must sign in Part 4 of the form. If payment is to be deposited to a bank account in the name of a different person, then that person or his or her representative, who can authorize such a deposit, must also sign in Part 4.

3. ADD (EDIT) BANK INFORMATION

Provide the complete bank information as it should appear. The account must be at a U.S. depository financial institution that will accept debits and credits using the Automated Clearing House method of payment.

- Bank Name Show the name of the financial institution.
- **Routing Number –** Show your financial institution's ABA identifying number. This is the routing/transit number that identifies the institution. You may need to contact the financial institution to obtain this number.
- Account Number Show the account number at your financial institution.
- Account Type Mark the appropriate box to indicate whether the account is "checking" or "savings."
- Name(s) on Account Show the name or names as they appear on the account at your financial institution.

Mark the box if the bank added is to be your Primary Bank for purchases and payments. A Primary Bank appears first on the bank information list and in the drop-down boxes throughout TreasuryDirect.

Identify other TreasuryDirect accounts to which you want to apply the bank information.

Complete the fields at the bottom of the section to add another bank.

4. SIGNATURES AND CERTIFICATIONS

The account owner or account manager must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in the officer's presence. The officer must then complete the certification form provided and imprint the seal or stamp required in certifying requests. For certifications within the United States, the certifying officer must be authorized to bind his or her institution by his or her acts and guarantee signatures to assignments of securities or certify assignments of securities. Certification by a notary isn't acceptable.

If you are a parent of a minor account owner, your signature certifies that you are requesting the transaction on the minor's behalf, for the minor's benefit.

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. Sample certification for a financial institution: Acceptable certification for a brokerage: SIGNATURE GUARANTEED SIGNATURE GUARANTEED **ABC National Bank** MEDALLION GUARANTEED Hillview Branch Generic Brokerage Authorized Signature Authorized Signature XXXXXXX SECURITIES TRANSFER AGENTS MEDALLION PROGRAM [Bar Code]

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 – Send the form, as well as any other forms and evidence, to:

Treasury Retail Securities Services
PO Box 9150
Minneapolis, MN 55480-9150

Legal evidence or documentation you submit cannot be returned.

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** the completed form to this address; send to the address shown in "Where To Send" in the instructions.

INSTRUCTIONS YOU MAY NEED FOLLOWING THE ADDITION OF A BANK ACCOUNT --KEEP THIS PAGE FOR FUTURE REFERENCE--

Adding a bank account to your TreasuryDirect account is only that—the addition of a bank account. It does not delete any previously entered bank accounts nor does it change the source of funds for pending purchases or the destination for interest and/or maturity payments. After we add a bank account to your TreasuryDirect account, you may need to do one or more of the following:

- Delete a Bank Account You can access your TreasuryDirect account and delete any bank as long as it is not the
 Primary Bank. If you would like us to designate a different bank already listed in your TreasuryDirect account as your
 Primary Bank, e-mail us by clicking the Contact Us link in your TreasuryDirect account.
- Change the Source of Funds for Pending Purchases You may change the source of funds on pending purchases by accessing your TreasuryDirect account and deleting the previous bank. The system will then prompt you to choose a bank from a drop-down list. If you do **not** wish to delete the previous bank, you can change the source of funds by deleting the purchases and re-scheduling them using another bank.
- Change the Payment Destination for Interest & Maturity Payments (Treasury Bills, Notes, Bonds, Floating Rate Notes, and TIPS) You may change the interest and/or maturity payment destination(s) to a different bank by accessing your TreasuryDirect account and deleting the previous bank. The system will then prompt you to choose a bank from a drop-down list. If you do **not** wish to delete the previous bank, you can change the payment destination(s) by clicking the Edit Payment Destination button on the Current Holdings Detail page for each security.

HOW A CLOSED BOOK PERIOD CAN AFFECT YOUR REQUEST

Four business days prior to a scheduled interest and/or maturity payment, TreasuryDirect imposes a **Closed Book Period** that locks applicable marketable securities so we can schedule upcoming payments. This rule applies to interest payments, maturity payments, and reinvestments for bills, notes, bonds, Floating Rate Notes, and TIPS.

TreasuryDirect's **Closed Book Period** starts at 12:00 midnight Eastern Time on the fourth business day prior to the security's interest payment date and/or final maturity date, and it ends at 12:00 midnight Eastern Time on the interest payment/maturity date.

TreasuryDirect will not allow the following during the Closed Book Period:

- Changes to registration
- Changes to the payment destination
- Changes to View/Transact Rights
- Internal and external transfers
- Changes to reinvestments

If the security is in a **Closed Book Period** because of maturity of the security, any online transactions scheduled but not processed will be cancelled. If the security is simply paying interest, the scheduled transactions will be processed as soon as the security is out of the **Closed Book Period**.