

TreasuryDirect® Transfer 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 request the transfer of securities in a TreasuryDirect account.

1. TREASURYDIRECT ACCOUNT INFORMATION - If transferring securities from either a custom, minor, or conversion linked account, show only the number for the linked account.

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Taxpayer Identification Number (SSN or EIN): _____

2. DESCRIPTION OF SECURITIES

Transfer **ALL** securities for the above TreasuryDirect account.

Transfer the securities described on the attached list.

Transfer the securities described below.

- Series EE and Series I **savings bonds** may not be split. Each savings bond must be transferred in its entirety.
- **Marketable securities** may be transferred in full or in increments of \$100. All scheduled reinvestments related to the transferred marketable securities will be cancelled at the time of transfer.
- If you are requesting transfer of savings bonds to a **trust**, carefully read and complete the Tax Liability Notice and Tax Liability Statement on Page 2.

| Confirmation Number | Issue Date | Face Amount | CUSIP No. (Bills, Notes, Bonds, FRNs, TIPS only) | Portion of Marketable Security to be Transferred <i>(If neither square is selected, transfer in FULL will be assumed.)</i> |
|---------------------|------------|-------------|---|--|
| | | | | <input type="checkbox"/> Transfer in FULL OR <input type="checkbox"/> Transfer to the extent of \$ _____ |
| | | | | <input type="checkbox"/> Transfer in FULL OR <input type="checkbox"/> Transfer to the extent of \$ _____ |
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| | | | | <input type="checkbox"/> Transfer in FULL OR <input type="checkbox"/> Transfer to the extent of \$ _____ |

TAX LIABILITY NOTICE (Carefully read before completing the Tax Liability Statement below.)

Upon the transfer of savings bonds to a trust, you must include in your gross income any accumulated interest on the bonds, if you have not already reported it, unless, under the grantor trust provisions of the Internal Revenue Code, you are treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the transferred bonds. If you are treated as the owner of that portion, the accumulated interest continues to be your income rather than that of the trust, and therefore, you may continue to defer reporting the interest earned each year. You must include the total accumulated interest in your gross income when the bonds are disposed of or finally mature, whichever is earlier. These rules apply when bonds being transferred are Series I or EE bonds, if you are the owner of the portion of the trust represented by the tax-deferred accumulated interest.

Generally, you will be treated as the owner of a trust that you have created to the extent that you retain certain powers over or interests in the trust. For example, you will be treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the transferred bonds under the following circumstances:

- (1) You will be treated as the owner of a trust to the extent that you have an unconditional power to revest in yourself title to the trust assets. Thus, if you can, at your discretion, revoke all or part of the trust so that the bonds will be returned to you, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds.
- (2) If the trust instrument provides that the transferred bonds or the proceeds from the redemption or disposition of those bonds must be distributed to you or your spouse, or held or accumulated for future distribution to you or your spouse, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds. You will be treated as the owner in this circumstance irrespective of the terms of the trust.
- (3) You will be treated as the owner of a trust to the extent that you retain a power to control the beneficial enjoyment of property transferred to a trust. Thus, if you retain, under the terms of the trust instrument, an immediately exercisable power to determine, in your sole discretion, who will receive the bonds or the proceeds from the redemption or disposition of the bonds, then you will be treated as the owner of the portion of the trust represented by any accumulated interest.

The examples outlined above are illustrative only and they are not intended to cover all possible situations in which you could be treated as the owner of a trust or a portion of a trust. Furthermore, events can occur, such as the renunciation of a retained power or interest, which would cause you to cease being treated as the owner of a trust. If you are not sure whether you will be treated as the owner of a trust, you may request a letter ruling from the Internal Revenue Service. A request for a letter ruling should be sent to: **Internal Revenue Service, ATTN: CC: DOM: CORP: T, PO Box 7604, Ben Franklin Station, Washington, DC 20044.**

For more information, visit <https://apps.irs.gov/app/picklist/list/writtenDeterminations.html>.

TAX LIABILITY STATEMENT (This section must be completed if you are transferring savings bonds to a trust.)

You must mark box "a" or "b" to indicate if you are the owner of the portion of the trust represented. (See TAX LIABILITY NOTICE above.)

"Interest" includes interest earned on EE or I bonds from the issue date until the date of transfer.

This statement will also apply to all future transactions requested by the same owner(s) or person(s) entitled to the same trust.

For federal income tax purposes:

a. I certify that I will be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. *If this box is marked, the interest will be tax-deferred (interest will not be reported to the Internal Revenue Service as a result of the transfer).*

b. I certify that I will not be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being transferred. *If this box is marked, interest will be reported to the Internal Revenue Service for the taxable year in which the bonds were transferred to the trust. A 1099-INT will be generated for the Social Security Number specified.*

3. TRANSFER TO ANOTHER TREASURYDIRECT ACCOUNT

I request/consent to transfer as indicated below the Treasury securities described in Item 2.

By submitting this form, I certify that I understand:

- the securities described will be removed from my TreasuryDirect account and transferred to the recipient’s TreasuryDirect account
- the registration of the transferred securities will be changed to show the owner of the account receiving the securities as the single owner
- that when the name of a living owner or principal coowner is eliminated from the registration of a savings bond, 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 for the year of transfer

If this is a savings bond transaction, I certify that this transfer is either for the purpose of making a gift or is in response to one of these:

- final judgment
- court order
- divorce decree
- property settlement agreement
- other authorized transfer

I further understand that this transaction may be rejected or its processing delayed, if I provided incorrect information and/or submitted the transaction immediately prior to a Closed Book Period. (NOTE: When you buy savings bonds in TreasuryDirect, you must hold them for at least five business days before you can transfer them to other accounts.) I certify that I have the authority to request this transaction. For a converted savings bond with a Restricted registration, both registrants must sign this form. Restricted registrations are the coowner form (connective “OR”) on EE and I savings bonds.

TAX LIABILITY: I certify that I understand this transaction may be reported to the Internal Revenue Service and that this transfer may result in a tax liability.

Transfer security(ies) to:

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Taxpayer Identification Number (if available):

(Social Security Number)

OR

(Employer Identification Number)

Mark this box if the transfer is between spouses or incident to a divorce.

4. TRANSFER TO A FINANCIAL INSTITUTION OR BROKERAGE FIRM (does NOT apply to savings bonds)

I authorize the Treasury Department to remove the securities described in Item 2 from my control within the TreasuryDirect system and transfer them to the financial institution or brokerage firm designated below. I further understand that this transaction may be rejected or its processing delayed, if I provided incorrect information and/or submitted the transaction immediately prior to a Closed Book Period. I certify that I have the authority to request this transaction.

Failure to provide any of the following information could delay the transfer. See Instructions before completing.

Transfer security(ies) to:

Routing Number: _____

Financial Institution Wire Name: _____

Agent or Broker Name and Phone Number: _____

Agent or Broker Address: _____

Special Handling Instructions: _____

Mark this box if the transfer is between spouses or incident to a divorce.

5. 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 the financial transactions 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 in ink in the presence of a certifying officer and provide the requested information. Notary certification is not acceptable.

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)

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)

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)

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

1. TREASURYDIRECT ACCOUNT INFORMATION

Provide the requested TreasuryDirect account information of the account the securities are coming out of.

2. DESCRIPTION OF SECURITIES

- Select the first box to transfer ALL the securities in the account described in the first section.
- Select the second box to transfer the securities described on an attached list and attach the list printed from your TreasuryDirect account.
- Select the third box if transferring less than ALL the securities in the account or if not attaching a list. Complete the table to include the Confirmation Number, Issue Date, Face Amount (principal amount for savings bonds or par amount for bills, notes, bonds, FRNs, TIPS), and CUSIP Number (for bills, notes, bonds, FRNs, TIPS). Indicate either a FULL or partial transfer. ***If you do not indicate a partial transfer, we will assume transfer in FULL.***

NOTE: If you are requesting transfer of savings bonds to a trust, carefully read and complete Page 2.

3. TRANSFER TO ANOTHER TREASURYDIRECT ACCOUNT

Provide the requested TreasuryDirect account information for the account the securities are transferring into. If the box by **Mark this Box** is not checked we will assume the transfer is neither between spouses nor incident to a divorce.

4. TRANSFER TO A FINANCIAL INSTITUTION OR BROKERAGE FIRM *(does NOT apply to savings bonds)*

Contact the financial institution for its book-entry delivery instructions. **Securities CANNOT be transferred to a checking or savings account.** Provide the following information:

- **Routing Number** – ABA (identification) number of the financial institution receiving the securities.
- **Financial Institution Wire Name** – The institution's book-entry delivery instructions. Instructions include the receiving bank's name and safekeeping account number OR the receiving bank's name and the brokerage firm's name (these must be in the approved telegraphic abbreviation "short" form).
- **Agent or Broker Name and Phone Number.**
- **Special Handling Instructions** – The customer name and account number at the financial institution for delivery of securities and any other instructions required by the financial institution, such as the name and telephone number of the person to be contacted at the financial institution for questions about the securities.

If the box by **Mark this Box** is not checked we will assume the transfer is neither between spouses nor incident to a divorce.

| Examples: To a financial institution for safekeeping: | To a financial institution for transfer to a brokerage firm: |
|--|--|
| Routing Number: XXXXXXXXX | Routing Number: XXXXXXXXX |
| Financial Institution Wire Name: ABC BK/TRUST | Financial Institution Wire Name: ABC BK/TRUST |
| Special Handling Instructions: FURTHER CREDIT TO JOHN DOE TRUST ACCOUNT NUMBER XXXXX | Special Handling Instructions: FURTHER CREDIT TO JOHN DOE BROKERAGE ACCOUNT NUMBER XXXXX |

5. SIGNATURES AND CERTIFICATIONS (Complete this part for ALL transactions.)

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:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature

Authorized Signature

XXXXXXXX

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.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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 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 15 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.**