

Treasury Hunt Follow-up



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. **This form will not be accepted if it has any alterations or corrections.**

Your Name: _____

Your Current Address: _____

TREASURY HUNT SEARCH CRITERIA

Did you search by a name or by a Social Security Number? _____

If you searched by a name . . .

What name did you search by?

(First) (Middle Name or Initial) (Last)

What is the relationship between you and the person about whom you searched?

What state did you use in your search? _____

In the state you searched, what addresses could appear on the bonds? (For each address, give house number, street, city, ZIP code.)

Address 1: _____

Address 2: _____

Address 3: _____

If you searched by a Social Security Number . . .

What Social Security Number did you use in your search? _____

What is the name of the person to whom the Social Security Number is assigned?

(First) (Middle Name or Initial) (Last)

What other name, including a maiden name, has the person used, if any?

(First) (Middle Name or Initial) (Last)

What is the relationship between you and the person whose Social Security Number you used in your search?

IDENTIFICATION OF SECURITIES

Which types of securities were the reason for your search? Mark all that apply.

- Securities in TreasuryDirect
- Series E savings bonds
- Paper Series EE savings bonds
- Paper Series I savings bonds
- Series HH or Series H savings bonds
- Paper Treasury bills, Treasury notes, or Treasury bonds

*If you are acting in a fiduciary capacity, please send us any evidence of authority (power of attorney, court order, letter of appointment, etc.) to receive information. We don't return evidence. We accept photocopies. Photocopies of documents that contain a seal must plainly show the seal.

YOUR SIGNATURE: _____

WHERE TO SEND - Mail this form and any evidence to Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150.

NOTICE UNDER THE 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 completed form to this address; send to the address shown in "WHERE TO SEND."**