

## SLGSafe® APPLICATION FOR INTERNET ACCESS

U.S. TREASURY SECURITIES  
STATE AND LOCAL GOVERNMENT SERIES

See Instructions on Back



BUREAU OF THE  
**Fiscal Service**  
LEAD. TRANSFORM. DELIVER.

SLGSafe is a secure electronic commerce Internet site designed by the Bureau of the Fiscal Service to give customers the opportunity to manage their portfolios for U.S. Treasury Securities - State and Local Government Series (SLGS).

To apply for access, you must select one SLGSafe Access Administrator and a Back-up Access Administrator who are responsible for designating users, updating user information, and forwarding the Application(s) with attached User Acknowledgment(s) to the Special Investments Branch (SIB). Your Access Administrator must certify that all individuals are authorized to conduct SLGSafe transactions for the organization.

One SLGSafe Application and User Acknowledgment(s) need to be completed for each business address. Your Access Administrator must mail the Application and User Acknowledgment(s) to the **Special Investments Branch, Bureau of the Fiscal Service, 200 Third Street, P.O. Box 396, Parkersburg, WV 26102-0396**. You may also complete a SLGSafe Template Worksheet and mail it with your Application. The completed worksheet will be used to create a SLGSafe template so your information will automatically appear each time you subscribe for a new issue.

After SIB has approved the Application and the User Acknowledgment(s), each user will be contacted and given a User ID with instructions on connecting to SLGSafe. The User ID, together with a password each user will create, provides security by verifying the identity of each individual user. Users must agree to comply with 31 CFR Part 344, SLGSafe Application for Internet Access, the SLGSafe Internet User's Guide, as well as legal and privacy notices.

The Access Administrator must keep a copy of this Application and of the User Acknowledgment(s) on file for a period of seven years and must make these documents available for examination by SIB upon request.

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**ACTION REQUESTED**

- Establish New User(s)
- Delete User(s)
- Other \_\_\_\_\_

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**ORGANIZATION INFORMATION**
**Type of Organization**

- Bank  
ABA Routing Number \_\_\_\_\_
- State or Local Government Body  
Taxpayer Identification Number \_\_\_\_\_ - \_\_\_\_\_
- Other \_\_\_\_\_  
Taxpayer Identification Number \_\_\_\_\_ - \_\_\_\_\_

All users on the attached SLGSafe User Acknowledgment(s) must have the following address:

Organization Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**SLGSafe ACCESS ADMINISTRATOR INFORMATION**

SLGSafe Access Administrator's Name (First, MI, Last): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Back-up SLGSafe Access Administrator's Name (First, MI, Last): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

The Access Administrator certifies that pursuant to 31 CFR Part 344, the following individuals, whose names, titles, original signatures, and telephone numbers appear on the SLGSafe User Acknowledgment(s) attached hereto and incorporated herein, are authorized by resolution or by-laws of the Board of Directors, or other official authorization, to submit SLGSafe transactions, on behalf of the organization. This authorization shall remain in effect until a written notice of change in said authorization is received by SIB.

Under penalty of perjury, I certify that the information provided on this Application is correct and that all users are authorized by the organization to sign for all SLGSafe transactions.

Number of User Acknowledgment(s) attached ( \_\_\_\_\_ )

\_\_\_\_\_  
**Access Administrator's Signature**

\_\_\_\_\_  
**Backup Access Administrator's Signature**

\_\_\_\_\_  
**Date**

**Official Seal or Stamp**  
(such as corporate seal,  
signature guaranteed  
stamp, or medallion stamp)

**FOR USE BY THE BUREAU OF THE FISCAL SERVICE**

**Approved and Processed By:** \_\_\_\_\_  
Signature and Date

**NOTICE UNDER THE PAPERWORK REDUCTION ACT**

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 completed form to this address; send to the correct address shown in the instructions.