

# Disclaimer and Consent with Respect to United States Treasury Securities



**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.

**PURPOSE:** Use this form to disclaim your right, title, and interest to United States Treasury Securities and consent to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person. *Identify that other person in section 2. Identify yourself in section 3.*

## 1. DESCRIPTION OF SECURITIES

TITLE OF SECURITY	ISSUE DATE	FACE/PAR AMOUNT	BOND OR ACCOUNT NUMBER	REGISTRATION

*(If you need more space, use the table on page 2.)*

**2. DISCLAIMER AND CONSENT** - I disclaim all my right, title, and interest in and to the securities described on this form. I consent to the payment, refund of purchase price, transfer, reissue, or other disposition of the securities by:

Name of Intended Owner: \_\_\_\_\_

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

I give my disclaimer and consent for the following reason(s): \_\_\_\_\_

## 3. SIGNATURE AND CERTIFICATION – Provide information about yourself and sign in ink in the presence of a certifying officer.

**Sign Here:** \_\_\_\_\_  
 \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Print Name) \_\_\_\_\_ (Social Security Number)

**Mailing Address:** \_\_\_\_\_ (Number and Street or Rural Route) \_\_\_\_\_ (Daytime Telephone Number)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code) \_\_\_\_\_ (E-mail Address)

**Instructions to Certifying Officer:** 1. Name 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)

TITLE OF SECURITY	ISSUE DATE	FACE/PAR AMOUNT	BOND OR ACCOUNT NUMBER	REGISTRATION

*(If you need more space, attach either FS Form 3500 (see [www.treasurydirect.gov/forms/sav3500.pdf](http://www.treasurydirect.gov/forms/sav3500.pdf)) or a plain sheet of paper.*

### INSTRUCTIONS

**USE OF FORM** - Use this form to disclaim your right, title, and interest to United States Treasury Securities and consent to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person. A minor or person under legal disability may not complete this form.

#### 1. DESCRIPTION OF SECURITIES

- TITLE OF SECURITY – Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate. If describing a check, insert the word “check.”
- ISSUE DATE – Provide the issue date of each security or check.
- FACE AMOUNT – Provide the face amount (par or denomination) of each security or check.
- IDENTIFYING NUMBER (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.
- REGISTRATION – Provide the registration of each security, check, or account; also provide the account number, if any.

#### 2. DISCLAIMER AND CONSENT

Show the name and address of the person to whom you are conveying your interest in the securities. Give the reason(s) you are disclaiming your right, title, and interest in the securities and consenting to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person.

#### 3. SIGNATURE AND CERTIFICATION

You (the person giving up entitlement) must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the officer’s presence. The certifying officer must fully complete the certification form provided and affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.

**Where to Send** – Unless otherwise instructed in accompanying correspondence, send this form, **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  
 PO Box 9150  
 Minneapolis, MN 55480-9150

### 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, 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 06 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" above.**