

For official use only:

Customer Name

Customer No.

PD F 5511 E
Department of the Treasury
Bureau of the Public Debt
January 2008

TreasuryDirect®

TRANSFER REQUEST

OMB No. 1535-0138

www.treasurydirect.gov
(304) 480-7711

Use this form to request the transfer of online E, EE, and I Savings Bonds and Treasury Bills, Notes, Bonds and TIPS in your TreasuryDirect account.

Carefully read all instructions before completing this form.

1. TreasuryDirect Account Information

Account Number: _____

If transferring securities from either a **custom**, **minor**, or **conversion** linked account, show only the number for the linked account.

Account Owner's Name: _____
(First Name) (Middle Name/Initial) (Last Name)

Account Owner's Social Security Number: _____

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:

Confirmation Number	Issue Date	Face Amount	CUSIP No. (Bills, Notes, Bonds, TIPS only)	Portion of Security to be Transferred (If neither circle is checked, transfer in FULL will be assumed)
				Transfer in FULL OR Transfer to the Extent of \$
				Transfer in FULL OR Transfer to the Extent of \$
				Transfer in FULL OR Transfer to the Extent of \$
				Transfer in FULL OR Transfer to the Extent of \$
				Transfer in FULL OR Transfer to the Extent of \$
				Transfer in FULL OR Transfer to the Extent of \$

3. Transfer to Another TreasuryDirect® Account

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

By submitting this form, I certify that I understand the securities described will be removed from my account and transferred to the recipient's TreasuryDirect account. I also understand the registration of the transferred securities will be changed to show the owner of the account receiving the securities as the single owner.

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 a final judgment, court order, divorce decree, or property settlement agreement.

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.

NOTE: For a savings bond with a **restricted** registration, both registrants must sign this form.

Transfer Instructions

Transfer security(ies) to:

TreasuryDirect Account Number: _____

Account Owner's Name: _____

(First Name)

(Middle Name/Initial)

(Last Name)

Account Owner's Social Security Number: _____

4. Transfer to a Legacy Treasury Direct® Account (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 Legacy Treasury Direct account designated below. I understand that this transfer transaction will be processed in accordance with the provisions cited in 31 CFR Parts 356, 357, and 363, and that I agree to abide by these provisions. 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.

Transfer Instructions

Transfer To A Legacy Treasury Direct Account

Legacy Treasury Direct Account Number _____

(May be left blank if New Account Request [PD F 5182] is attached.)

Account Name

} Identify the Legacy Treasury Direct account to which you want your securities transferred.

Taxpayer Identification Number (If Available)

1st Named
Owner

OR

Social Security Number

Employer Identification Number

5. 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 understand that this transfer transaction will be processed in accordance with the provisions cited in 31 CFR Parts 356, 357, and 363, and that I agree to abide by these provisions. 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.

Transfer Instructions

Transfer To A Financial Institution (Before completing, see instructions.)

Routing Number: _____

Financial Institution Wire Name: _____

Special Handling Instructions: _____

SIGNATURES AND CERTIFICATIONS

Under penalties of perjury, I/we certify that the information provided on this form is true, correct, and complete. This request is submitted pursuant to the applicable provisions of 31 CFR Parts 315, 353, 356, 357, 360, and 363. I agree to indemnify and hold the United States harmless in the event of any loss that results from this request.

You must wait until you are in the presence of a certifying officer to sign this form. Certifying officers are available at banks, trust companies and credit unions. Certification by a Notary Public is NOT acceptable.

Sign Here: ⇒ _____
(Signature) _____ Daytime Telephone No. _____

(Number and Street or Rural Route, City, State, and ZIP Code)

Sign Here: ⇒ _____
(Signature) _____ Daytime Telephone No. _____

(Number and Street or Rural Route, City, State, and ZIP Code)

Applicant to contact if additional information is necessary: _____
(Name, daytime telephone number, and e-mail address, if applicable)

Certifying Officer – Each individual must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____, _____,
(Month) (Year)
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature of Certifying Officer)

(Title of Certifying Officer)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____, _____,
(Month) (Year)
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature of Certifying Officer)

(Title of Certifying Officer)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

INSTRUCTIONS

No. 1 ACCOUNT INFORMATION

TreasuryDirect® Account Information – Provide the TreasuryDirect Account Number and the Account Owner's Name and Social Security Number. When transferring securities from a custom, minor, or conversion linked account, provide the account information of the linked account.

No. 2 DESCRIPTION OF SECURITIES

To transfer:

ALL securities in the account described in Item 1	Check the first circle.
Securities described on an attached list	Check the second circle and attach the printed list from your TreasuryDirect account.
Less than ALL securities in the account, or if not attaching a list	Check the third circle and complete the table to include the Confirmation Number, Issue Date, Face Amount (Principal Amount for Savings Bonds or Par Amount for bills, notes, bonds and TIPS), and CUSIP Number (for bills, notes, bonds and TIPS). Indicate either a FULL or partial transfer. <i>If you do not indicate a partial transfer, we will assume transfer in FULL.</i>

If partial transfer of E, EE, or I Savings Bonds is requested, check the appropriate circle and specify the amount you are requesting be transferred. You can request partial transfer of a bond as long as the amount that you are requesting be transferred is at least \$25.00 or more and the redemption value of the remaining portion of the bond is not less than \$25.00. A bond must have a current redemption value of at least \$50.00 or more before you can request partial transfer. Transfer will be comprised of principal and a proportionate amount of interest.

If partial transfer of Treasury Bills, Notes, Bonds, or TIPS is requested, check the appropriate circle and specify the amount you are requesting be transferred. Enter only the amount being transferred (in \$100 increments). **NOTE: The amount to be transferred and the amount remaining in the CUSIP must satisfy both the minimum and multiple holding requirements for the security.**

No. 3 TRANSFER TO ANOTHER TREASURYDIRECT ACCOUNT

- **TreasuryDirect Account Number** – Enter the number of the account to which the securities are being transferred.
- **Account Owner's Name** – Enter the account owner's name.
- **Account Owner's Social Security Number** – Enter the account owner's social security number.

Upon transfer, the registration of the securities will be changed to show the owner of the recipient account as the single owner. For a savings bond with a *Restricted* registration, both registrants must sign this form. Restricted registrations are the coowner form (connective "OR") on E and EE Savings Bonds and the beneficiary form (connective "POD") on E Savings Bonds.

No. 4 TRANSFER TO A LEGACY TREASURY DIRECT® ACCOUNT

- **Legacy Treasury Direct Account Number** – Enter the number of the account to which the securities are being transferred. If a new account has not yet been established, please leave the account number blank and include a completed *New Account Request* (PD F 5182).
- **Account Name** – Enter the Account Name (registration) as shown on the transferee's *Statement of Account* or, in the case of a new account, on the *New Account Request* (PD F 5182).
- **Taxpayer Identification Number** – If available, enter the Taxpayer Identification Number used on the account to which the securities are to be transferred.

No. 5	TRANSFER TO A FINANCIAL INSTITUTION OR BROKERAGE FIRM
Contact the financial institution for their "Book-Entry" delivery instructions. Please note: 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 – Provide 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). • Special Handling Instructions – The customer name and account number at the financial institution for delivery of securities and any other instructions required by your financial institution, such as the name and telephone number of the person to be contacted at the financial institution for questions about the securities.	
Examples: To a financial institution for safekeeping: Routing Number: XXXXXXXXX Financial Institution Wire Name: ABC BK/TRUST Special Handling Instructions: FURTHER CREDIT TO JOHN DOE TRUST ACCOUNT NUMBER XXXXXX	
To a financial institution for transfer to a brokerage firm: Routing Number: XXXXXXXXX Financial Institution Wire Name: ABC/CUST/BRKG Special Handling Instructions: FURTHER CREDIT TO JOHN DOE BROKERAGE ACCOUNT NUMBER XXXXXX	

SIGNATURES AND CERTIFICATIONS <i>(Complete this Part for ALL transactions)</i> Signatures/Certifications – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer available at a bank, trust company or credit union 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 individual must be authorized to bind his/her institution by his/her acts and guarantee signatures to assignments of securities or certify assignments of securities. For a list of authorized certifying individuals and the required evidence of authority, see Title 31 CFR Part 363. Certification by a Notary Public is NOT 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.

Additional Evidence – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

Applicant to Contact – Furnish the name, daytime telephone number, and e-mail address, if applicable, of the applicant to contact if additional information is necessary.

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

DEPARTMENT OF THE TREASURY
BUREAU OF THE PUBLIC DEBT
PO BOX 7015
PARKERSBURG, WV 26106-7015

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31, which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 02 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 Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND the completed form to the above address; send to the address shown in "Where to Send" in the instructions.**