



**5. RELIEF REQUESTED** – Indicate whether you want substitute bonds or payment.

**NOTE:** Payment can't be made for Series EE or Series I bonds dated February 2003 and later until such bonds are one year past their issue date. Also, substitute bonds can't be issued in some cases, including if a bond is within one full calendar month of its final maturity. See Item 5 in Instructions.

**A. Series EE or Series I Bonds**

- I/We hereby request:**  \*Substitute Electronic Bonds  Payment by Direct Deposit

**\*If you choose substitute electronic bonds and don't have a TreasuryDirect account, don't open an account; we will contact you and give you instructions; also, skip Item 6 below.**

**B. Series HH Bonds**

- I/We hereby request:**  Substitute Paper Bonds  Payment by Direct Deposit

**6. DELIVERY INSTRUCTIONS**

**A. FOR ELECTRONIC SUBSTITUTE BONDS—SERIES EE OR SERIES I**

TreasuryDirect account number is: \_\_\_\_\_

Account name: \_\_\_\_\_

Social Security Number or Employer Identification Number: \_\_\_\_\_

**NOTE:** You may add a secondary owner or beneficiary once bonds have been replaced in electronic form within your TreasuryDirect account. For more information, access your account and click on "How do I" at the top of the page to find instructions on how to add a secondary owner or beneficiary.

**TAX LIABILITY:** If the name of a living owner or principal coowner of the bonds is eliminated from the registration, 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 return for the year of the reissue. (Both registrants are considered to be coowners when bonds are registered in the form: "A" or "B.") The principal coowner is the coowner who (1) purchased the bonds with his or her own funds, or (2) received them as a gift, inheritance, or legacy, or as a result of judicial proceedings, and had them reissued in coownership form, provided he or she has received no contribution in money or money's worth for designating the other coowner on the bonds. If the reissue is a reportable event, the interest earned on the bonds to the date of the reissue will be reported to the Internal Revenue Service (IRS) by a Federal Reserve Bank or Branch or the Bureau of the Fiscal Service under the Tax Equity and Fiscal Responsibility Act of 1982. **THE OBLIGATION TO REPORT THE INTEREST CANNOT BE TRANSFERRED TO SOMEONE ELSE THROUGH A REISSUE TRANSACTION.** If you have questions concerning the tax consequences, consult the IRS, or write to the Commissioner of Internal Revenue, Washington, DC 20224. **Unless we are otherwise informed, the first-named coowner will be considered the principal coowner for the purpose of this transaction.**

**B. FOR SUBSTITUTE PAPER BONDS—SERIES HH**

**MAIL BONDS TO:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

**C. FOR DIRECT-DEPOSIT PAYMENT—ANY SERIES OF BONDS**

**NOTE:** Payment can't be made for Series EE or Series I bonds dated February 2003 and later until such bonds are one year past their issue date. Also, substitute bonds can't be issued in some cases, including if a bond is within one full calendar month of its final maturity. See Item 5 in Instructions.

**Payee must provide a Social Security Number or Employer Identification Number:**

\_\_\_\_\_  
(Social Security Number of Payee)

\_\_\_\_\_  
(Employer Identification Number of Payee)

\_\_\_\_\_  
(Name[s] on the Account)

\_\_\_\_\_  
(Depositor's Account No.)

**Type of Account:**  Checking  Savings

**Bank Routing No. (nine digits):** \_\_\_\_\_

\_\_\_\_\_  
(Financial Institution's Name)

\_\_\_\_\_  
(Financial Institution's Phone No.)

**7. SIGNATURES AND CERTIFICATION**

I/We severally petition the Secretary of the Treasury for relief as authorized by law and, if relief is granted, acknowledge that the original bonds become the property of the United States. Upon the granting of relief, I/we assign all our right, title, and interest in the original bonds to the United States and bind myself/ourselves, my/our heirs, executors, administrators, successors and assigns, jointly and severally: (1) to surrender the original bonds to the Department of the Treasury if they are recovered; (2) to hold the United States harmless due to any claim by any other parties having, or claiming to have, interests in these bonds; and (3) upon demand by the Department of the Treasury, to indemnify unconditionally the United States and repay to the Department of the Treasury all sums of money which the Department may pay due to the redemption of these original bonds, including any interest, administrative costs and penalties, and any other liability or losses incurred as a result of such redemption. I/We consent to the release of any information in this form or regarding the bonds described to any party having an ownership or entitlement interest in these bonds.

I/We certify, under penalty of perjury, and severally affirm and say that the bonds described on this form were never received, and that the information given is true to the best of my/our knowledge and belief.

***You must wait until you are in the presence of a certifying officer to sign this form.***

<b>Sign Here =&gt;</b>	_____	_____
	(Signature)	(Print Name)
<b>Home Address</b>	_____	_____
	(Number and Street or Rural Route and Box)	(Social Security Number)
	_____	_____
	(City) (State) (ZIP Code)	(Daytime Telephone Number)
<b>E-Mail Address</b>	_____	

<b>Sign Here =&gt;</b>	_____	_____
	(Signature)	(Print Name)
<b>Home Address</b>	_____	_____
	(Number and Street or Rural Route and Box)	(Social Security Number)
	_____	_____
	(City) (State) (ZIP Code)	(Daytime Telephone Number)
<b>E-Mail Address</b>	_____	

<b>Sign Here =&gt;</b>	_____	_____
	(Signature)	(Print Name)
<b>Home Address</b>	_____	_____
	(Number and Street or Rural Route and Box)	(Social Security Number)
	_____	_____
	(City) (State) (ZIP Code)	(Daytime Telephone Number)
<b>E-Mail Address</b>	_____	

Instructions to Certifying Officer:

1. Name of person who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person must sign in your presence. **NOTE:** To certify more than two signatures, use the next page too.

I certify that \_\_\_\_\_, whose identity is known or  
(Name of Person Who Appeared)

proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_  
(Month/Year)

at \_\_\_\_\_ and signed this form.  
(City/State)

(OFFICIAL STAMP OR SEAL)

\_\_\_\_\_  
(Signature and Title of Certifying Officer)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/ZIP Code)

\_\_\_\_\_  
(Telephone)

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 is known or  
(Name of Person Who Appeared)

proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_  
(Month/Year)

at \_\_\_\_\_ and signed this form.  
(City/State)

(OFFICIAL STAMP OR SEAL)

\_\_\_\_\_  
(Signature and Title of Certifying Officer)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/ZIP Code)

\_\_\_\_\_  
(Telephone)

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 is known or  
 (Name of Person Who Appeared)  
 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)

(OFFICIAL STAMP OR SEAL)

\_\_\_\_\_  
 (Name of Financial Institution)

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.**

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City/State/ZIP Code)

(Notary certification is NOT acceptable.)

\_\_\_\_\_  
 (Telephone)

**NOTICE UNDER 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" in the Instructions.**

**INSTRUCTIONS**

**PURPOSE OF FORM** – Use this form to apply for relief on account of the nonreceipt of United States Savings Bonds.

**WHO MAY APPLY** – This form must be completed and signed by all persons named on the bonds, or by an authorized representative.

**ATTACHMENTS** – If more space is needed for any item, use a plain sheet of paper and attach it to the form.

**PROOF OF DEATH** – If a registrant is deceased, a certified copy of his or her official death certificate must be submitted with this form.

**LEGAL REPRESENTATIVE** – If you were appointed as legal representative because:

- the owner is deceased (with no surviving co-owner or beneficiary named on the bonds), or
- the owner or co-owner is a minor, or
- the owner or co-owner is incapacitated,

complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal, showing the appointment is still in full force. If your name and official capacity are shown in the registration of the bonds, evidence of your appointment is **not** necessary.

If no legal representative has been appointed for a deceased or incompetent owner, advise the Bureau of the Fiscal Service and additional instructions will be provided.

**MINORS** – A minor (who does not have a court-appointed guardian) who is requesting payment or who is named on Series HH bonds may complete and sign the form on his or her own behalf if, in the opinion of the certifying officer, he or she is of sufficient competency and understanding to comprehend the nature of the transaction. If, in the opinion of the certifying officer, the minor is not of sufficient competency and understanding or is requesting electronic substitute bonds for Series EE or Series I, the parents must sign on behalf of the minor. If the minor does not reside with either parent, the form must be completed and signed by the individual who furnishes the minor's chief support.

**COMPLETION OF FORM** – Print clearly in ink or type all information requested.

<p><b>ITEM 1.</b> Describe the missing bonds by bond serial number. If you don't know the bond serial numbers, you <b>must</b> provide the specific month and year of purchase, and the Social Security Number, name (including middle name or initial), and complete address (street, city, state) that appear on the bonds. Also state the total number of missing bonds.</p>
<p><b>ITEM 2.</b> Provide the requested information regarding the purchase of the bonds.</p>
<p><b>ITEM 3.</b> Provide details regarding your authority to complete a claim for the missing bonds. If you have been court appointed, see "<b>LEGAL REPRESENTATIVE</b>" above.</p>
<p><b>ITEM 4.</b> Complete this item if a minor is named on the bonds and he or she is not of sufficient competency and understanding to complete the form on his or her own behalf. Provide the minor's name, date of birth, Social Security Number, and all other requested information. See "<b>MINORS</b>" above for more information.</p>
<p><b>ITEM 5.</b> Indicate whether you want substitute bonds or payment by direct deposit.</p> <p><b>NOTES:</b> <b>1)</b> Series EE and Series I bonds issued February 2003 and later are not eligible for payment until one full year after issue. <b>2)</b> If you ask for substitute bonds and the bonds are within one full calendar month of reaching final maturity, we will make payment instead. <b>3)</b> For Series EE and Series I bonds, we no longer issue substitute bonds in paper form. We issue those substitute bonds in electronic form, in our online system TreasuryDirect. <b>4)</b> If you want substitute Series EE bonds or substitute Series I bonds and you don't have a TreasuryDirect account, don't open an account; we will contact you and give you instructions. (For information on TreasuryDirect, go to <a href="http://www.treasurydirect.gov">www.treasurydirect.gov</a>.)</p>
<p><b>ITEM 6.</b> Complete either section A, B, or C. Which section is appropriate for you depends on which series of bonds you have and whether you want payment or electronic substitute bonds.</p>
<p><b>ITEM 7.</b> Each person whose signature is required must sign the form in ink, print his/her name, and provide his/her home address, Social Security Number, daytime telephone number, and, if applicable, e-mail address. Each signature must be certified (see "<b>CERTIFICATION</b>" below).</p>

**CERTIFICATION** – Each person whose signature is required 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 affix the seal or stamp, which is used when certifying requests for payment. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

**WHERE TO SEND** – Send this form and any additional information to Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214.

**For Bond-Related Inquiries:**

- Email: [SavBonds@bpd.treas.gov](mailto:SavBonds@bpd.treas.gov)
- Phone: 844-284-2676 (toll free)
- Fax: 612-629-4285
- Mail: Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214