# Change of Address and/or Identification of **Account for United States Registered 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.

1. PURPOSE OF FORM: I am the owner of the registered securities listed below and I am:

Notifying you of my change of address.

Describing holdings for identification of accounts.

OMB No. 1530-0037

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## 2. DESCRIPTION OF SECURITIES

TITLE OF SECURITY (Identify securities by series, interest rate, type, call and maturity dates, as appropriate)	FACE AMOUNT	SERIAL NUMBER	INSCRIPTION (Exact inscription shown of the face of each security)

## 3. TAXPAYER IDENTIFICATION NUMBER(S): (See the Instructions.)

(Taxpayer Identifica	ation Number)	(Name to which number is assigned) (Name to which number is assigned)					
(Taxpayer Identifica	ation Number)						
(Taxpayer Identifica	ation Number)	(Name to which number is assigned)					
4. CHANGE OF ADDRESS	INFORMATION						
Former address: _							
	(Name)						
	(Number and street, rural route, or PO Box)	(City)	(State)	(ZIP)			
New address: _							
	(Nam	le)					
	(Number and street, rural route, or PO Box)	(City)	(State)	(ZIP)			
5. SIGNATURE AND CERT	IFICATION OF TAXPAYER IDENTIFICATI	ON NUMBER:					
Under penalty of perjury, I certi	-						
1. The Taxpayer Identification be issued to me), <b>and</b>	Number shown on this form is my correct Taxp	ayer Identification Numbe	er (or I am waiting fo	or a number to			
Revenue Service (IRS) tha	withholding because <b>(a)</b> I am exempt from backu t I am subject to backup withholding as a result I Revenue Service that I am no longer subject to	of a failure to report all i	nterest or dividends	by the Interna s, or <b>(c)</b> I have			
	ng a U.S. resident alien). s out Item <b>2</b> above if you have been notified by tl ort all interest and dividends on your tax return.)	ne IRS that you are curre	ntly subject to back	up withholding			
The IRS does not require your co	onsent to any provision of this document other than	the certifications required	to avoid backup with	holding.			
Sign Here:							
(S	ignature of registered owner, representative, or fiducia	iry)	(Daytime Teleph	one No.)			

(E-mail Address)

#### INSTRUCTIONS

**USE OF FORM –** Use this form for Series HH and Series H savings bonds and/or registered Treasury bonds and notes in paper (definitive) form. The form must be completed by the registered owner or his or her representative.

**ITEM 1.** Check the appropriate box to indicate the purpose of the form.

**ITEM 2.** Furnish a complete description of the securities. If more space is needed, use a plain sheet of paper and attach it to this form.

**ITEM 3.** Furnish the appropriate Taxpayer Identification Number, either the Social Security Number (123-45-6789) or Employer Identification Number (12-3456789) and the name to which it is assigned. The following rules must be observed when furnishing the number:

- If the securities are inscribed in the name of one person as owner, with or without a beneficiary, furnish the owner's Taxpayer Identification Number. If known, the Taxpayer Identification Number of the beneficiary may also be furnished.
- If the securities are inscribed in the names of two persons as coowners, furnish the Taxpayer Identification Number of the first coowner. If known, the Taxpayer Identification Number of the second coowner may also be furnished.
- If the securities are inscribed in the name of a guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward as owner, furnish the Taxpayer Identification Number of the minor, incompetent, or other ward.
- If the securities are inscribed other than in the name of a natural person (in the name of an executor, administrator, trustee, corporation, association, partnership, etc.), furnish the Taxpayer Identification Number assigned to the estate.

# **ITEM 4.** If you're notifying us of a change of address, provide your former address and your new address. *Failure to provide prompt notice of a change of address could cause you to not receive an interest check or Form 1099-INT.*

**ITEM 5.** Carefully read the statement and certify that you are not subject to backup withholding, if appropriate. If you are subject to backup withholding, you must strike through Item 2 of this section. Sign the form and provide your daytime telephone number and, if you have one, e-mail address. The signature of a registered owner should be in the same form as that appearing on the bonds. The signature of a representative or fiduciary must be in the same form as that shown in the court papers or other evidence of authority and must be followed by the proper title and reference to the estate or trust, as for example, "John W. Smith, administrator of the estate of Henry L. Smith, deceased."

Where to Send – Unless otherwise instructed in accompanying correspondence, send this form 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

If you have questions, call 844-284-2676 (toll free).

#### NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

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 the completed form to this address; send it to the address shown above in "Where to Send."**