| For | official | use | on | ly: |
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| | | | | |

Customer Name

PD F 4000 E Department of the Treasury Bureau of the Public Debt (Revised February 2008)

REQUEST TO REISSUE UNITED STATES SAVINGS BONDS

OMB No. 1535-0023

Visit us on the Web at <u>www.treasurydirect.gov</u>

Customer No.

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

| PART A – NEW BOND R | EGISTRATION | | | |
|--|--------------------|---|--|---|
| 1. Bond Description I/We request reissue of the | bonds describe | d below, in the amount of \$ | (tot | al face amount). |
| ISSUE DATE FACE AMOUN | | BOND NUMBER | REGISTRATION (Provide complete Social Security Number [for example, 123-45-6789] and names, including middle names or initials, on the bonds) | |
| | | | v | · · · · · |
| | | | _ | |
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| | | | _ | |
| | | | | |
| | (| If you need more space to describe yo | ur bonds, use page 4.) | |
| 2. Extent of reissue: | n full | Amount, | Fractional Share, or Percentage | |
| 3. Requested Registratio | 'n | | | |
| a. Taxpayer Identification | | | | |
| | | (Social Security | Number or Employer Identification | Number) |
| b. Registration: | | | | |
| | | (First Name, Middle N | ame or Initial, Last Name or Fiduci | ary Inscription) |
| c. Address: | _ | (Nur | mber and Street or Rural Route) | |
| | | (114) | | |
| | — | (City) | (State) | (ZIP Code) |
| d. To name a coowner of | r beneficiary, | | | |
| complete the following | g: | | | |
| Coowner | | | | |
| beneficiary (POD) | } | | | |
| (If a name is shown ar | | (First Nam | ne, Middle Name or Initial, Last Nar | ne) |
| box is marked, coowr | | | | |
| be assumed.) | | | | |
| TAX LIABILITY: If the name | | | eliminated from the registration, the ow he transaction on his or her Federal in | |
| the reissue. (Both registran who (1) purchased the bond | ts are considered | to be coowners when bonds are regis own funds, or (2) received them as a | stered in the form: "A" or "B.") The pri gift, inheritance, or legacy, or as a res | ncipal coowner is the coowner ult of judicial proceedings, and |
| had them reissued in coown | ership form, provi | ded he or she has received no contribu | ution in money or money's worth for dea | signating the other coowner on |
| | | | to the date of the reissue will be rep bet under the Tax Equity and Fiscal Re | |
| | | | MEONE ELSE THROUGH A REISSUE | , , , , , , , , , , , , , , , , , , , |
| | | | Commissioner of Internal Revenue, Wa ncipal coowner for the purpose of th | |
| 4. Delivery instructions, i | f | | | |
| different from above: | | | (Name) | |
| | | | | |
| | | (Number | and Street or Rural Route) | |
| | | Ŷ | | |
| | | (City) | (State) | (ZIP Code) |
| | | | | |

Describe the reason for the reissue.

If the reason shown above is to correct an error in registration, provide the following information.

(1) Who purchased the bonds?

(2) Whose funds were used?

(3) How did the error occur?

PART C – SIGNATURES AND CERTIFICATIONS

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief. I/We agree to reissue of the bonds as indicated in Part A and certify that the reissue is authorized. I/We hereby bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the reissue requested herein, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the bonds.

| | Sign in ink in the presence o (See the instruction) | f an authorized certifying of ons for who must sign.) | ficer. | | |
|---|--|---|-----------------------------------|--|--|
| | Signature) | | (Signature) | | |
| | (Title) | | (Title) | | |
| (Number and Street or Rural Route) | | (Number and Street or Rural Route) | | | |
| (City) | (State) (ZIP) | (City) | (State) (ZIP) | | |
| (Social S | ecurity Number) | (Socia | l Security Number) | | |
| (Em | (Email Address) | | (Email Address) | | |
| (Daytime T | elephone Number) | (Daytime | e Telephone Number) | | |
| I CERTIFY that | The certification por | I CERTIFY that | | | |
| whose identity is known | or was proven to me, personally | | or was proven to me, personally | | |
| appeared before me this | day of, (Month) | appeared before me thi | s day of , (Month) , | | |
| | (State) , | | (State) , | | |
| (Year) (City) and signed this form. | (State) | (Year) (City) and signed this form. | (State) | | |
| (OFFICIAL STAMP OR SEAL) | | (OFFICIAL STAMP OR SEAL) | | | |
| ACCEPTABLE CERTIFICATIONS: Financial Institution's | (Signature of certifying officer) | ACCEPTABLE CERTIFICATIONS: Financial Institution's | (Signature of certifying officer) | | |
| Official Seal or Stamp (Such as Corporate Seal, Signature Guaranteed Stamp, or | (Title of certifying officer) | Official Seal or Stamp (Such as Corporate Seal, Signature Guaranteed Stamp, or | (Title of certifying officer) | | |
| Medallion Stamp) | (Address) | Medallion Stamp) | (Address) | | |

| Reserved for Identification Notations | | |
|---|--|--|
| Customer Account Number and Date Established: | Customer Account Number and Date Established: | |
| Identified by: | Identified by: | |
| Documents – Descriptions: | Documents – Descriptions: | |
| | | |

INSTRUCTIONS TO CERTIFYING OFFICER

Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally known to you. You must place an adequate notation in the area reserved for identification notations in Part C or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and, if you are an officer or employee of an organization, the organization will be held fully responsible for the adequacy of the identification.

The signatures to the request must be executed in your presence. Fully complete and sign the certification form provided for your use for each signature you witness.

If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

FOR FEDERAL RESERVE BANK USE ONLY

This transaction was a reportable event.

_____ was reported under ______ for _____ for _____ \$

(Year)

This transaction was not a reportable event. No interest was reported.

DESCRIBE ADDITIONAL BONDS BELOW

| ISSUE DATE | FACE AMOUNT | BOND NUMBER | REGISTRATION (Provide complete Social Security Number [for example, 123-45-6789] and names, including middle names or initials, on the bonds) |
|------------|----------------|-------------|--|
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INSTRUCTIONS

USE OF FORM – Complete this form to reissue paper (definitive) Series EE, E, HH, H, and I United States Savings Bonds, Retirement Plan Bonds, and Individual Retirement Bonds. A separate Part A must be used for each new form of registration. If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form. To request payment, sign the backs of the bonds instead of completing this form.

INCOMPETENT OR MINOR – A minor of sufficient age and competency to sign the request and to understand the nature of the transaction may request reissue of the bonds. A minor under legal guardianship may not request reissue. An incompetent owner, coowner or beneficiary may not request reissue.

PART A – NEW BOND REGISTRATION

- **1.** Describe the bonds to be reissued.
- 2. Mark the box "In full" if the person listed in Item 3 is to receive the entire value of the bond(s) described in Item 1; or if the person listed in Item 3 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he/she is to receive.
- **3.** Provide the following information:
 - a. The appropriate taxpayer identification number (social security number or employer identification number).

| If the new bonds are to be inscribed in the name of | Provide this | |
|---|---|--|
| One person as owner, with or without a beneficiary | The social security number of the owner | |
| Two persons as coowners | The social security number of the first-named coowner | |
| A guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward | The social security number of the minor, incompetent, or other ward | |
| Other fiduciary registration (trustee, administrator of decedent's estate, etc.) | The social security number of the grantor of the trust or decedent or an employer identification number assigned to the fiduciary estate. | |

- **b.** The new registration.
- **c.** Mailing information. This address will be shown on the new bonds, unless alternate delivery instructions are provided in Item 4.
- **d.** To add a coowner or beneficiary, mark the appropriate box and insert his/her name. If a name is shown and no box is marked, coownership will be assumed.
- **4.** To have the bonds mailed to an address other than the address shown in Item 3, provide the name and address of the person or institution receiving them. This address will be shown on the new bonds.

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 Public Debt 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 Public Debt 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 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 Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to correct address shown in "Where to send" in the Instructions.

PART B - REASON FOR REISSUE

Describe the reason for the reissue. The chart below shows common reasons for reissue. These may not be authorized for all Series. Complete guidelines for authorized reissue transactions may be found in the regulations, in the following Department Circulars: DC 530 (Series E/H), DC 3-80 (Series EE/HH), DC 2-98 (Series I), DC 1-75 (IRB), and DC 1-63 (RPB).

| Bonds may be reissued to | The form must be signed by | Additional Information |
|--|--|---|
| Add a new coowner or beneficiary to | The owner. | The original owner must be the first-name |
| a bond in sole owner registration. | The owner. | coowner. |
| Change the present beneficiary to coowner. | | The beneficiary may only be shown as second named coowner. |
| Remove the name of a living beneficiary. | The owner (and the beneficiary if Series E or Series H bonds). | The owner may add a different person as coowne or beneficiary. |
| Remove the name(s) of any deceased registrant(s). | The surviving registrant. | The surviving registrant must be shown as the owner or first-named coowner in the registration the new bonds. If more than one registration requested, a separate Part A must be completed for each different registration. Submit certified copie of the death certificates for all deceased registrant except beneficiaries on Series EE, HH, or I bonds. |
| Show that a change of name occurred. | The person whose name has changed. | Explain exactly how the change of name wa authorized (marriage, divorce, court orde naturalization, etc.). Evidence may be required. |
| Correct an error in registration. | The purchaser. | Provide the answers to the questions shown. |
| | If the purchaser and the person whose funds were used to purchase the bonds are different persons, both must sign. | |
| Substitute the name of the fiduciary who has succeeded the fiduciary named in the registration of the bonds. | The successor in his/her fiduciary capacity. | Submit proof of the succession to the position, suc as a certified copy of the letters of appointment o in the case of a trustee, a copy of the trus instrument and proof of the death or resignation of the original trustee. |
| Show the name of the executor or administrator of a deceased owner's estate. | The fiduciary in his/her fiduciary capacity. | Submit a certified copy of the letters of appointmen dated within one year of submission and certifie copies of the death certificates for all decease registrants. |
| Show the name of the guardian, conservator, or similar representative of the estate of a minor or incompetent owner. | The fiduciary in his/her fiduciary capacity. | Submit a certified copy of the letters of appointmen dated within one year of submission. |
| Change ownership due to divorce, legal separation, or annulment. | The owner or both coowners (or their representatives). For bonds in coownership form, a request solely to eliminate the name of one coowner may be signed by that coowner only. For Series E or H bonds, the current beneficiary must consent to the reissue if his/her name is also being | See the Tax Liability statement on this form. The name of another person may be added as coowned or beneficiary. |
| Remove a living owner/coowner and reissue in a form authorized under the regulations. | removed. The owner/coowner being removed. For Series E or H bonds, the current beneficiary must consent to the reissue if his/her name is also being removed. | Remaining registrant must be named first in th registration. See the Tax Liability statement on th form. The name of another person may be adde as coowner or beneficiary. |

PART C – SIGNATURES AND CERTIFICATIONS

SIGNATURES - Sign the form in ink, in the presence of an authorized certifying officer. The form must be signed as indicated in Part B of the instructions. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.

If an owner/coowner's name has been changed by marriage, divorce, court order, naturalization, or otherwise, he/she must sign the form as follows: "<u>(PRESENT LEGAL NAME)</u>", changed by (specify manner in which change occurred) from "<u>(NAME AS ON BONDS)</u>." To support a change of name, other than by marriage, a complete statement should follow the signature to show exactly how the change of name was authorized. Evidence may be required.

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. If a minor owner or coowner signs the request, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. The signatures to the form must be signed 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 most financial institutions, including credit unions.

Sample certification for a financial Institution: SIGNATURE GUARANTEED ABC National Bank Hillview Branch Acceptable certification for a brokerage: SIGNATURE GUARANTEED MEDALLION GUARANTEED Generic Brockerage

Authorized Signature

Authorized Signature XXXXXXXX SECURITIES TRANSFER AGENTS MEDALLION PROGRAM [Bar Code]

ADDITIONAL REQUIREMENTS FOR SERIES HH/H BONDS:

- Under the Interest Dividend Tax Compliance Act of 1983 as implemented by Internal Revenue Service regulations, the new
 owner or first-named coowner must complete IRS Form W-9 to certify that the social security number furnished is correct, to
 indicate whether or not he/she is subject to backup withholding under the provision of Section 3406(a)(1)(C) of the Internal
 Revenue Code, and to verify that he/she is a United States person (including a U.S. resident alien). Forms W-9 are
 available at financial institutions in the United States and Internal Revenue Offices. These forms can also be found on the
 IRS website at the address <u>www.irs.gov</u>.
- The furnishing of Direct Deposit information is a condition of reissue of Series HH bonds bearing issue dates of October 1989 and thereafter. A Direct Deposit form, PD F 5396 or SF 1199A, must be completed for Series HH bonds dated October 1989 and thereafter which are submitted for reissue. The Direct Deposit form must be completed by the new owner or coowner providing the appropriate information for direct deposit of the semi-annual interest payments. Forms SF 1199A are available at financial institutions in the United States. PD F 5396 is available for download on the Internet using the "forms" link at the address <u>www.treasurydirect.gov</u>. The financial institution designated to receive the payment can assist in the completion of the Direct Deposit form.

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.

RETURN OF EVIDENCE - If the evidence submitted with this form is to be returned, provide a written request when the evidence is submitted.

WHERE TO SEND – Unless otherwise instructed, the PD F 4000 and the bonds, as well as any other appropriate forms and evidence, must be sent to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site PO Box 299 Pittsburgh, PA 15230-0299 1-800-245-2804

Treasury Retail Securities Site PO Box 214 Minneapolis, MN 55480-0214 1-800-553-2663