

- The attorney-in-fact is not permitted to transfer securities to an account in his or her own name unless the grantor marks Box C.
- Checking Box C in "**2. AUTHORITY**" will authorize the attorney-in-fact to make transfers of your Treasury securities without limitations.
- If the grantor is an organization and the transaction involves securities being held in Legacy Treasury Direct[®], submit a resolution authorizing the appointment of an attorney-in-fact. A [PDF 1010](#) may be used for this purpose.
- If the grantor of the power of attorney is a trustee, provide the following excerpts of the trust instrument:
 - a copy of the page showing the name and date of the trust
 - a copy of the page showing the trustee's authority to appoint an agent or attorney-in-fact
 - a copy of the signature page
- Only original signatures will be accepted (stamped signatures are not acceptable).
- **This form will not be accepted with alterations or corrections.**

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

ITEM 1. APPOINTMENT

Insert your name as grantor. Provide the name of the individual or organization you appoint as attorney-in-fact.

ITEM 2. AUTHORITY

Carefully read the statement regarding the authority you are granting. As previously stated, if you have questions about the scope of the authority granted, you should seek professional legal advice before signing this form. Mark Box A to grant authority regarding your securities. Mark Box B to grant authority for securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which you are now, or may later be, appointed as fiduciary. Mark both Boxes A and B if you want to grant both individual and fiduciary authorities. **Additional evidence may be required to establish your appointment and qualification as a fiduciary.** Mark Box C to grant authority to make gifts without limitations to the attorney-in-fact and other individuals.

ITEM 3. TERM AND DURABILITY

This power of attorney is in effect until revoked and the authority granted will not be affected by the subsequent disability or incapacity of the grantor. It is the responsibility of the grantor or the attorney-in-fact to notify us of changes or revocations to this power of attorney. Changes or revocations must be in writing (notarized or certified) and sent to the Bureau of the Public Debt.

ITEM 4. SIGNATURE

You must sign the form in ink, print your name, and provide your home address, Social Security Number, and daytime telephone number. (You may provide your e-mail address if you wish.) Your signature must be certified (see "**CERTIFICATION**").

CERTIFICATION – You 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 that is used when certifying requests for payment. Authorized certifying officers are available at financial 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 – Unless otherwise instructed in accompanying correspondence, send the completed form, the securities (if appropriate), and any other necessary evidence to the Department of the Treasury, Bureau of the Public Debt, using the appropriate address below:

- Definitive (paper) savings bonds - PO Box 7012, Parkersburg, WV 26106-7012
- Marketable securities and electronic savings bonds – PO Box 426, Parkersburg, WV 26106-0426

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 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; or 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 Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND a completed form to this address; send to the appropriate address shown in "WHERE TO SEND."**