| PD F 5179 E                |
|----------------------------|
| Department of the Treasury |
| Bureau of the Public Debt  |
| (Revised November 2012)    |



Legacy Treasury Direct®

# SECURITY TRANSFER REQUEST

www.treasurydirect.gov 800-722-2678

|  |   |  |                               |   | TIONS  |
|--|---|--|-------------------------------|---|--|
| 1. Legacy Treasury   | Direct ACCOUNT INF  | ORMATION   |                               |   | FOR DEPARTMENT USE   |
| Legacy Treasury  | Direct ACCOUNT NUM  | IBER:  |                               |   | TOROEL ARTIMENT ODE  |
| ACCOUNT NAME   | =   |  |                               |   | DOCUMENT AUTHORITY   |
|  |   |  |                               |   |  |
|  |   |  |                               |   | APPROVED BY  |
|  |   |  |                               |   | DATE APPROVED  |
| 2. SECURITIES IDE  | NTIFICATION AND AN  |  | E BOXES WHICH APPL            |   | IFORMATION REQUESTED.  |
|  |   |  |                               |   |  |
|  | v securities for the abov   |  |                               | (* · · · · · · · · ·  |  |
| Transfer my secu   | urities totaling \$   |  | the CUSIPs below.             | (Additional forms are   | e required for more than 10 CUSIPs.)   |
| CUSIP  | AMOUNT  | Department Use<br>Reference Number                                       | CUSIF                         | P AMC   | OUNT Department Use<br>Reference Number  |
|  | \$  |  |                               | \$  |  |
| -  | \$  |  |                               | \$  |  |
| · · · · · · · · · · · · · · · · · · ·  | \$  |  |                               | \$  |  |
|  | \$  |  |                               | \$  |  |
| <u>.</u>   | _ `<br>\$   |  | . <u></u>                     | \$  |  |
|  | _ •   |  |                               | ¥   |  |
| (If you are NOT tran   | of my holdings fo<br>asferring all of your holding<br>ation is shown on your Leg<br>AMOUNT<br>\$                  | s for this CUSIP, you m<br>acy Treasury Direct <i>Sta</i><br>SUB-ACCOUNT | tement of Account.)<br>AMOUNT | c sub-accounts and ar<br>SUB-ACCOUNT  | AMOUNT   |
|  |   |  |                               |   |  |
| 3. TRANSFER INST   | RUCTIONS CHECK ON   | IE BOX ONLY AND PROVI  | DE THE INFORMATION            | REQUESTED FOR THE   | TRANSFER.  |
|  | RUCTIONS CHECK ON   |  |                               | <b>NUMBER</b>   |  |
|  | TRANSFER TO ANOTH   | HER Legacy Treasu  | y Direct ACCOUN               | <b>F NUMBER</b><br>NOTE: This must b  | be an existing   |
| Legacy Treasury  | TRANSFER TO ANOTH   | HER Legacy Treasu  | y Direct ACCOUN               | <b>F NUMBER</b><br>NOTE: This must b  |  |
|  | TRANSFER TO ANOTH   | HER Legacy Treasu  | y Direct ACCOUN               | <b>F NUMBER</b><br>NOTE: This must b  | be an existing   |
| Legacy Treasury  | TRANSFER TO ANOTH   | HER Legacy Treasu  | y Direct ACCOUN               | <b>F NUMBER</b><br>NOTE: This must b  | be an existing<br>unts aren't available.   |
| Legacy Treasury  | TRANSFER TO ANOTH   | HER Legacy Treasu  | y Direct ACCOUN               | <b>F NUMBER</b><br>NOTE: This must b  | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your   |
| Legacy Treasury<br>ACCOUNT NAME  | TRANSFER TO ANOTH<br>Direct ACCOUNT NUM   | HER Legacy Treasur   | y Direct ACCOUN               | <b>F NUMBER</b><br>NOTE: This must b  | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your   |
| INTERNAL Legacy Treasury ACCOUNT NAME TAXPAYER IDEN  | TRANSFER TO ANOTH<br>Direct ACCOUNT NUM   | HER Legacy Treasu  | OR                            | <b>F NUMBER</b><br>NOTE: This must b  | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your<br>securities transferred.  |
| INTERNAL     Legacy Treasury     ACCOUNT NAME     TAXPAYER IDEN     First-Named     Owner            | TRANSFER TO ANOTH   | HER Legacy Treasur   | OR                            | <b>F NUMBER</b> NOTE: This must b account; new ac | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your<br>securities transferred.  |
| INTERNAL     Legacy Treasury     ACCOUNT NAME     TAXPAYER IDEN     First-Named     Owner            | TRANSFER TO ANOTH<br>Direct ACCOUNT NUM   | HER Legacy Treasur   | OR                            | <b>F NUMBER</b> NOTE: This must b account; new ac | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your<br>securities transferred.  |
| INTERNAL Legacy Treasury ACCOUNT NAME TAXPAYER IDEN First-Named Owner TRANSFER                       | TRANSFER TO ANOTH   | HER Legacy Treasur   | OR                            | T NUMBER NOTE: This must b account; new acc       | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your<br>securities transferred.  |
| INTERNAL Legacy Treasury ACCOUNT NAME TAXPAYER IDEN First-Named Owner TRANSFER                       | TRANSFER TO ANOTH<br>Direct ACCOUNT NUM<br>TIFICATION NUMBER<br>Social Secu<br>TO AN ESTABLISHEE<br>CCOUNT NUMBER | HER Legacy Treasur   | OR                            | T NUMBER NOTE: This must b account; new acc       | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your<br>securities transferred.  |
| INTERNAL Legacy Treasury ACCOUNT NAME TAXPAYER IDEN First-Named Owner TRANSFER TreasuryDirect AC     | TRANSFER TO ANOTH<br>Direct ACCOUNT NUM<br>TIFICATION NUMBER<br>Social Secu<br>TO AN ESTABLISHEE<br>CCOUNT NUMBER | HER Legacy Treasur   | OR                            | T NUMBER NOTE: This must b account; new acc       | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your<br>securities transferred.  |
| INTERNAL Legacy Treasury ACCOUNT NAME TAXPAYER IDEN First-Named Owner TreasuryDirect AC ACCOUNT NAME | TRANSFER TO ANOTH<br>Direct ACCOUNT NUM<br>TIFICATION NUMBER<br>Social Secu<br>TO AN ESTABLISHEE<br>CCOUNT NUMBER | HER Legacy Treasur   | OR                            | T NUMBER NOTE: This must b account; new acc       | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your<br>securities transferred.<br>umber<br>shed at www.treasurydirect.gov.)<br>Identify the<br>TreasuryDirect account to<br>which you want your |
| INTERNAL Legacy Treasury ACCOUNT NAME TAXPAYER IDEN First-Named Owner TreasuryDirect AC ACCOUNT NAME | TRANSFER TO ANOTH<br>Direct ACCOUNT NUM<br>TIFICATION NUMBER<br>Social Secu<br>TO AN ESTABLISHEE<br>CCOUNT NUMBER | HER Legacy Treasur   | OR                            | T NUMBER NOTE: This must b account; new acc       | be an existing<br>unts aren't available.<br>Identify the Legacy<br>Treasury Direct account<br>to which you want your<br>securities transferred.<br>umber<br>shed at www.treasurydirect.gov.)<br>Identify the<br>TreasuryDirect account to<br>which you want your |

| EXTERNAL TRANS  | SFER TO A FINANCIAL  |   | ere compreting, eee m  | ,  |                      |
|---|--|---|--|--|----------------------|
| ROUTING NUMBER:   |  |   |  |  |                      |
| FINANCIAL INSTITUTIO  | N WIRE NAME:   |   |  |  |                      |
| AGENT/BROKER NAME   |  |   |  |  |                      |
| AGENT/BROKER PHON   | IE NUMBER:   |   |  |  |                      |
| SPECIAL HANDLING IN   |  |   |  |  |                      |
|   |  |   |  |  |                      |
|   | YOU MUST WAIT UNTIL Y<br>THERE ARE TWO OWNE  |   |  |  | ΓHIS FORM. <b>IF</b> |
| I/We submit this transfer<br>(31 CFR Part 357) and 1  |  |   | ment of the Treasury C   | Circulars, Public Debt S   | Series Nos. 2-86     |
| Under penalties of perjur   | y, I/we certify that the in  | nformation provided c   | n this form is true, corr  | rect, and complete.  |                      |
|   | Signature  |   | Title (if appro  | priate)  |                      |
|   | Signature  |   | Title (if appro  | priate)  |                      |
|   |  |   |  |  |                      |
|   | Ad   | ddress  |  | Telep  | phone (Daytime)      |
|   | R SIGNATURE <b>MUST</b> BE CER   |   | ZED CERTIFYING OFFICER   |  | onone (Daytime)      |
| Instructions to Certifying<br>1. Name of person(s) wh   | R SIGNATURE <b>MUST</b> BE CER<br><b>g Officer:</b><br>ho appeared and date/pla<br>quire an original signature<br>in your presence.  | RTIFIED BY AN AUTHORIZ<br>ace of appearance <b>MU</b><br>e.                           | ST be completed.   |  |                      |
| Instructions to Certifying<br>1. Name of person(s) wh<br>2. Medallion stamps req<br>3. Person(s) must sign in   | R SIGNATURE <b>MUST</b> BE CER<br><b>g Officer:</b><br>ho appeared and date/pla<br>quire an original signature   | RTIFIED BY AN AUTHORIZ<br>ace of appearance <b>MU</b><br>e.                           | ST be completed.   |  |                      |
| Instructions to Certifying<br>1. Name of person(s) wh<br>2. Medallion stamps req<br>3. Person(s) must sign in   | R SIGNATURE <b>MUST</b> BE CER<br><b>g Officer:</b><br>ho appeared and date/pla<br>quire an original signature<br>in your presence.<br>Name(s) of Person(s) W  | RTIFIED BY AN AUTHORI2<br>ace of appearance <b>MU</b><br>3.<br>Who Appeared           | I <b>ST</b> be completed.  |  |                      |
| Instructions to Certifying<br>1. Name of person(s) wh<br>2. Medallion stamps req<br>3. Person(s) must sign in<br>certify that   | R SIGNATURE <b>MUST</b> BE CER<br><b>g Officer:</b><br>ho appeared and date/pla<br>quire an original signature<br>in your presence.<br>Name(s) of Person(s) W<br>me this   | RTIFIED BY AN AUTHORI2<br>ace of appearance <b>MU</b><br>3.<br>Who Appeared<br>day of | I <b>ST</b> be completed.  | ntity(ies) is/are known o  | or proven to me,     |
| Instructions to Certifying<br>1. Name of person(s) wi<br>2. Medallion stamps req<br>3. Person(s) must sign in<br>certify that   | R SIGNATURE <b>MUST</b> BE CER<br><b>g Officer:</b><br>ho appeared and date/pla<br>juire an original signature<br>in your presence.<br>Name(s) of Person(s) W<br>me this   | RTIFIED BY AN AUTHORI2<br>ace of appearance <b>MU</b><br>3.<br>Who Appeared           | I <b>ST</b> be completed.  | ntity(ies) is/are known o  | or proven to me,     |
| Instructions to Certifying<br>1. Name of person(s) wi<br>2. Medallion stamps req<br>3. Person(s) must sign in<br>certify that   | R SIGNATURE <b>MUST</b> BE CER<br><b>g Officer:</b><br>ho appeared and date/pla<br>quire an original signature<br>in your presence.<br>Name(s) of Person(s) W<br>me this   | RTIFIED BY AN AUTHORI2<br>ace of appearance <b>MU</b><br>3.<br>Who Appeared<br>day of | I <b>ST</b> be completed.  | ntity(ies) is/are known o  | or proven to me,     |
| Instructions to Certifying<br>1. Name of person(s) wi<br>2. Medallion stamps req<br>3. Person(s) must sign in<br>certify that   | R SIGNATURE <b>MUST</b> BE CER<br><b>g Officer:</b><br>ho appeared and date/pla<br>juire an original signature<br>in your presence.<br>Name(s) of Person(s) W<br>me this   | RTIFIED BY AN AUTHORI2<br>ace of appearance <b>MU</b><br>3.<br>Who Appeared<br>day of | I <b>ST</b> be completed.<br>, whose ider<br><br>Month<br>quest.<br><br>Signature and Title        | ntity(ies) is/are known o<br>in the year   | or proven to me,     |
| Instructions to Certifying 1. Name of person(s) wf 2. Medallion stamps req 3. Person(s) must sign in mertify that ersonally appeared before City /  | R SIGNATURE <b>MUST</b> BE CER<br>g Officer:<br>ho appeared and date/pla<br>quire an original signature<br>in your presence.<br>Name(s) of Person(s) W<br>me this<br>/ State<br>/ State  | RTIFIED BY AN AUTHORI2<br>ace of appearance <b>MU</b><br>3.<br>Who Appeared<br>day of | IST be completed, whose ider, whose ider   | ntity(ies) is/are known o<br>in the year<br>of Certifying Officer                      | or proven to me,     |
| Instructions to Certifying<br>1. Name of person(s) wi<br>2. Medallion stamps req<br>3. Person(s) must sign in<br>certify that   | R SIGNATURE <b>MUST</b> BE CER<br>g Officer:<br>ho appeared and date/pla<br>quire an original signature<br>in your presence.<br>Name(s) of Person(s) W<br>me this<br>/ State<br>/ State<br>TIONS:<br>I Seal or Stamp<br>gnature Guaranteed | RTIFIED BY AN AUTHORI2<br>ace of appearance <b>MU</b><br>3.<br>Who Appeared<br>day of | IST be completed, whose ider   | ntity(ies) is/are known o<br>in the year<br>of Certifying Officer                      | or proven to me,     |
| Instructions to Certifying 1. Name of person(s) wf 2. Medallion stamps req 3. Person(s) must sign in certify that ersonally appeared before City / City / CCEPTABLE CERTIFICAT nancial Institution's Official uch as Corporate Seal, Sig tamp, or Medallion Stamp). | R SIGNATURE <b>MUST</b> BE CER<br>g Officer:<br>ho appeared and date/pla<br>quire an original signature<br>in your presence.<br>Name(s) of Person(s) W<br>me this<br>/ State<br>/ State<br>TIONS:<br>I Seal or Stamp<br>gnature Guaranteed | RTIFIED BY AN AUTHORI2<br>ace of appearance <b>MU</b><br>3.<br>Who Appeared<br>day of | IST be completed, whose ider, whose iderMonth questSignature and TitleName of FinarAddCity / State | htity(ies) is/are known o<br>in the year<br>of Certifying Officer<br>hcial Institution | or proven to me,     |



Legacy Treasury Direct<sup>®</sup>

#### www.treasurydirect.gov 800-722-2678

# PURPOSE

You may use this form to request the transfer of securities from a Legacy Treasury Direct account to:

- another Legacy Treasury Direct account, or
- an online TreasuryDirect account, or
- a designated account at a financial institution.

# IMPORTANT NOTICES

- This form must be signed. Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and **print clearly in ink only.**

INSTRUCTIONS FOR COMPLETING

A SECURITY TRANSFER REQUEST

• TRANSFER REQUESTS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.

# 1. Legacy Treasury Direct ACCOUNT INFORMATION

Print your Legacy Treasury Direct ACCOUNT NUMBER and the ACCOUNT NAME (registration) as stated on your Legacy Treasury Direct STATEMENT OF ACCOUNT.

# 2. SECURITIES IDENTIFICATION AND AMOUNT

Check the boxes which apply and provide the information requested. ALL REQUIRED INFORMATION IS LISTED ON YOUR Legacy Treasury Direct *Statement of Account*.

To transfer ALL the securities in the Legacy Treasury Direct account listed in Section 1, check the first box.

To transfer one or more securities in your Legacy Treasury Direct account, check the second box, enter the total dollar amount of the securities being transferred, and list the CUSIP numbers and amounts.

AMOUNT - The total par for the CUSIP.

CUSIP - The number (for example, 912795XXX) that identifies the securities to be transferred (located under the heading "Security" on your *Statement of Account*).

To transfer a portion of one security in your Legacy Treasury Direct account, check the third box, enter only the amount being transferred, and list the CUSIP number. To transfer security sub-account(s), enter the sub-account number(s) and dollar amount(s) to be transferred. THE AMOUNT TO BE TRANSFERRED AND THE AMOUNT REMAINING IN THE CUSIP MUST SATISFY BOTH THE MINIMUM AND MULTIPLE HOLDING REQUIREMENTS FOR THE SECURITY.

#### 3. TRANSFER INSTRUCTIONS

# (Choose One Option Only)

# INTERNAL TRANSFER TO ANOTHER Legacy Treasury Direct ACCOUNT

Check the box to transfer your securities to another Legacy Treasury Direct account number. The transfer must be to an existing account; new accounts aren't available.

- Legacy Treasury Direct ACCOUNT NUMBER Enter the number of the account to which the securities are being transferred.
- ACCOUNT NAME Enter the ACCOUNT NAME (registration) as shown on the transferee's Statement of Account.
- TAXPAYER IDENTIFICATION NUMBER If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the account to which the securities are to be transferred.

# TRANSFER TO AN ONLINE TreasuryDirect ACCOUNT

Check the box to transfer your securities to an online TreasuryDirect account number.

- TreasuryDirect ACCOUNT NUMBER Enter the number of the account to which the securities are being transferred. If a new account has not yet been established, you can establish one at <u>www.treasurydirect.gov</u>.
- ACCOUNT NAME Enter the ACCOUNT NAME (registration) as shown on the online TreasuryDirect account.
- TAXPAYER IDENTIFICATION NUMBER If available, enter the TAXPAYER IDENTIFICATION NUMBER used on the account to which the securities are to be transferred.

# EXTERNAL TRANSFER TO A FINANCIAL INSTITUTION

Check the box to transfer your securities to a financial institution for safekeeping or sale. 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 financial 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).
- AGENT/BROKER NAME
- AGENT/BROKER PHONE NUMBER
- SPECIAL HANDLING INSTRUCTIONS The customer name and account number at the financial institution for delivery of securities; any other instructions required by your financial institution.

#### Examples: To a financial institution for safekeeping:

# To a financial institution for transfer to a brokerage firm:

| Routing Number:<br>Financial Institution Wire Name:<br>Special Handling Instructions: | XXXXXXXXX<br>ABC BK/TRUST<br>FURTHER CREDIT TO JOHN DOE<br>TRUST ACCOUNT NUMBER XXXXXX | Routing Number:<br>Financial Institution Wire Name:<br>Special Handling Instructions: | XXXXXXXXX<br>ABC/CUST/BRKG<br>FURTHER CREDIT TO JOHN DOE<br>BROKERAGE ACCOUNT NUMBER XXXXXX |
|---|--|---|---|
|   |  |   |   |

# 4. AUTHORIZATION

Sign the request in the presence of an authorized certifying officer. Identification may be required. Remember, if there are two owners joined by the word "and," both must sign (for example, John Doe and Mary Doe). Please provide an address and daytime telephone number (including area code) where you may be contacted if there are questions about this transfer.

# 5. CERTIFICATION

Certification of your signature is required. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker is required. **Please note: Certification by a notary public is NOT acceptable.** 

**Sample** certification for a financial institution:

SIGNATURE GUARANTEED ABC National Bank Hillview Branch Acceptable certification for a brokerage:

SIGNATURE GUARANTEED MEDALLION GUARANTEED Generic Brokerage

Authorized Signature

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

#### WHERE TO SEND

Please mail your form to the appropriate address below.

• If requesting a transfer to another Legacy Treasury Direct account or to a financial institution:

Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150

• If requesting a transfer to an online TreasuryDirect account:

Bureau of the Public Debt, PO Box 7015, Parkersburg, WV 26106-7015

## This form must be received at least ten business days in advance of:

- the maturity date of the security to ensure processing, and
- an interest payment date for the security to ensure processing prior to that date.

#### CONTACT

Call us toll-free in the United States at 800-722-2678. Outside the U.S.? Call us at 304-480-6464.

## CONFIRMATION OF THE TRANSFER

You will receive a Legacy Treasury Direct Statement of Account after your securities have been transferred. Under certain circumstances, there may be a hold on the account and a statement won't be mailed.

NOTICE UNDER THE 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; 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 completed form to this address; send to the appropriate address shown in "WHERE TO SEND" in the Instructions.