

# Certificate of Identity



**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 under the laws of the United States. Print in ink or type all information.**

### Affidavit

- I certify that the names \_\_\_\_\_ and \_\_\_\_\_ refer to the same person, whose correct name is \_\_\_\_\_.
- The names are different because:
- The source of my knowledge is:
- Is there now or was there during \_\_\_\_\_ any other person known to you by either or any of these names?  Yes  No (Date or Period of Time) If Yes, please explain:

**Signature – A person who is not named on the securities and who has no interest in the securities must sign this form in the presence of a certifying officer.**

**Sign Here:**

\_\_\_\_\_ (Daytime Telephone Number)

\_\_\_\_\_ (Mailing Address) \_\_\_\_\_ (E-mail Address)

#### Instructions to Certifying Officer:

1. Name of person(s) who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person(s) must sign in your presence.

I CERTIFY that \_\_\_\_\_, whose identity(ies) is/are \_\_\_\_\_ (Name[s] of Person[s] Who Appeared)

known or 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)

\_\_\_\_\_  
(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.)

## INSTRUCTIONS

A person who has **NO** interest in the securities must complete and sign this form, confirming the individual's identity. Unless otherwise instructed in accompanying correspondence, mail this form to the Treasury Retail Securities site that requested it or to the appropriate address below:

- Series H or Series HH savings bonds – Treasury Retail Securities Site, PO Box 2186, Minneapolis, MN 55480-2186
- Definitive (paper) savings bonds – Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214
- Book-entry savings bonds and marketable securities held in TreasuryDirect – Treasury Retail Securities Site, PO Box 7015, Minneapolis, MN 55480-7015
- Marketable securities held in Legacy Treasury Direct – Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150
- Definitive (paper) marketable securities – Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426

## CERTIFICATION

**Person who signs form** - You must sign the form in the presence of an officer authorized to certify assignments or requests for payment of United States savings and retirement securities. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For complete lists of such officers, see Department Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

**Certifying officer** - The 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 complete and sign the certification form and affix your organization's seal or stamp. If you are an employee (rather than an officer) authorized to certify, insert the words "Authorized Signature" in the space provided for the title.

## 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 that 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 appropriate address in the first paragraph of the Instructions.