



TreasuryDirect® Offline Transaction Request

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.

Use this form to request TreasuryDirect account transactions that cannot be completed online. If a . . .

- **Decedent’s estate is involved, see the instructions for examples of when this form may or may not be used.**
- **Change to an Entity Account or Entity Account Manager is involved, see the instructions for additional evidence that may be required.**

Carefully read all of the instructions before completing this form and complete only the parts of the form that apply to the transaction(s) requested. Parts A and E must be completed for ALL transactions

At a glance...

| <i>If you are the . . .</i> | <i>and are requesting . . .</i> | <i>then complete parts</i> | <i>and also provide this evidence:</i> |
|---|---|-----------------------------------|--|
| Account owner or parent of a minor account owner | Change or correct account name Correct Social Security Number Correct date of birth | A, C, and E | None required. |
| Account owner or parent of a minor account owner and the security is a restricted, converted security | Edit registration | A, B, and E | If the non-converting coowner or beneficiary is deceased, a certified copy of his or her death certificate. |
| Non-converting coowner or beneficiary | Edit registration | A, B, and E | None required. |
| Attorney-in-fact | Edit registration | A, B, and E | A copy of the power of attorney document, containing the grantor’s signature and witnessed or certified in accordance with applicable state law. |
| | Change or correct account name Correct Social Security Number Correct date of birth | A, C, and E | |
| Entity Account Manager or new Entity Account Manager | Change or Correct Entity Account Information | A, D-1, and E | A copy of the trust, corporate resolution, letters of appointment, death certificate, etc. as applicable. See instructions. |
| | Change or correct Entity Account Manager information | A, D-3, and E | |
| | Change or correct Entity Account Manager | A, D-4, and E | |
| Currently acting Entity Account Manager | Change Entity Account Manager | A, D-2, and E | Copy of trust, corporate resolution, letters of appointment, death certificate, etc., as applicable. See instructions. |

Part A

Account and Transaction Information

Check for Entity Account (living estate, trust, deceased estate, LLC, corporation, sole proprietorship, partnership)

1. TreasuryDirect Account Information

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Taxpayer Identification Number (SSN or EIN): _____

2. Transactions Requested *(Check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Change or correct Entity Account information | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Change or correct Entity Account Manager information | _____ |
| <input type="checkbox"/> Change or correct account owner's name, or Correct account owner's Social Security Number, or Correct account owner's date of birth | <input type="checkbox"/> Edit the registration of existing EE or I savings bond held in TreasuryDirect |

3. Capacity of Applicant(s) *(Check all that apply.) (Supporting evidence is often required; see the instructions.)*

- Individual account owner
- Entity account manager
- Non-converting coowner or beneficiary
- Parent or minor account owner
- Attorney-in-fact
- Other (specify) _____

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Part B

Edit the Registration of Securities Held in TreasuryDirect

Complete a separate Part B for each new registration requested and/or if the total number of securities being edited is more than can be described in the space provided.

1. I request/consent to edit as indicated in Item 2 the registration of the following securities held in TreasuryDirect.

Edit the registration of **ALL** securities in the requested TreasuryDirect account.

Edit only the securities described below:

| Issue Date of EE and I | CUSIP Number of Treasury Bills, Notes, Bonds, FRNs, and TIPS | Confirmation Number | Registration |
|------------------------|--|---------------------|--------------|
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2. New Registration Requested

Owner/Primary Owner: _____
(First Name/Middle Name or Initial/Last Name/Suffix)

Social Security Number: _____ **(required)**

The following person is to be named as: Secondary owner
 Beneficiary

Name: _____
(First Name/Middle Name or Initial/Last Name/Suffix)

Social Security Number: _____ **(required)**

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Part C

Change or Correct Account Information For an Individual TreasuryDirect Account

1. Change an Individual Account Owner's Name

I certify that the account owner's name has been legally changed by:

Marriage Divorce Adoption Naturalization Court order

Other (explain) _____

to _____
(Furnish the New Legal Name)

2. Correct an Individual Account Owner's Name

I certify that the account owner's name is incorrectly shown on the account.

The account owner's correct legal name is: _____

3. Correct an Individual Account Owner's Social Security Number

I certify that the account owner's Social Security Number is incorrectly shown on the account.

The account owner's correct Social Security Number is: _____

4. Correct an Individual Account Owner's Date of Birth

I certify that the date of birth shown for the account owner on the TreasuryDirect account is incorrect and that the

account owner's correct date of birth is: _____.
(Month/Day/Year)

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Part D

D-1 Change or Correct the Entity Account Information

1. Change Entity Account Name

I certify that the Entity Account name has changed to:

Provide an explanation for the change:

2. Correct Entity Account Name

I certify that the Entity Account name is incorrectly shown on the account. The correct account name is:

3. Correct Entity Account Taxpayer Identification Number

I certify that the Entity Account Taxpayer Identification Number (EIN or SSN) is incorrectly shown on the account.

The correct account Taxpayer Identification Number is: _____

To change the Taxpayer Identification Number on your TreasuryDirect account from a Social Security Number (123-45-6789) to an Employer Identification Number (12-3456789), or vice versa, you must establish a new TreasuryDirect account.

D-2 Consent to Change the Entity Account Manager of a TreasuryDirect Account

Complete Part D-2 to consent to a change of Entity Account Manager for a TreasuryDirect account.

I _____ hereby authorize the Bureau of the Fiscal Service,
(Name of Entity Account Manager consenting to the change)

Parkersburg, West Virginia, to remove my personal information as the Entity Account Manager for

(TreasuryDirect Entity Account Name)

and change the Entity Account Manager to _____
(Name of New Entity Account Manager)

The new Entity Account Manager will need to complete section D-4, and sign in section E in the presence of a certifying officer.

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

D-3 Change or Correct the Current Entity Account Manager Information

1. Change Entity Account Manager's Name

I certify that the Entity Account Manager's name has been legally changed by:

Marriage Divorce Adoption Naturalization Court order

Other (explain) _____

to _____
(Furnish the New Legal Name)

2. Correct Entity Account Manager's Name

I certify that the Entity Account Manager's name is incorrectly shown on the account.

The Entity Account Manager's correct legal name is: _____

3. Correct Entity Account Manager's Social Security Number

I certify that the Entity Account Manager's Social Security Number is incorrectly shown on the account.

The Entity Account Manager's correct Social Security Number is: _____

4. Correct Entity Account Manager's Date of Birth

I certify that the date of birth shown for the Entity Account Manager on the TreasuryDirect account is incorrect and that the

Entity Account Manager's correct date of birth is: _____
(Month/Day/Year)

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

D-4 Change Entity Account Manager – New Manager Information

1. Account Manager Name: _____
(First Name/ Middle Name or Initial/ Last Name / Suffix)

2. Taxpayer Identification Number: _____
(Social Security Number of New Entity Account Manager)

3. Date of Birth: _____
(Month / Day / Year)

4. Street Address: _____

5. City: _____ State: _____ ZIP Code: _____

6. Home Phone: _____

Work Phone: _____

Cell Phone: _____

7. Driver's License/State ID number: _____

Issuing State: _____ Expiration Date: _____

8. E-mail Address: _____

9. Mailing Address (check one)

Use the Entity Address

Use the Account Manager Address

In support of the Entity Account Manager change requested above, evidentiary documentation must also be provided to explain why the change is being requested. For example, the evidence necessary may include a certified copy of:

- the trust document, if a successor trustee will be the new account manager
- a letter of resignation, if the current administrator, legal representative, or trustee resigned
- the new partnership agreement, if a member left the partnership or is stepping down as the account manager
- the corporate resolution or articles of organization, if the company reorganized or officers have changed
- the letters of appointment, if a new guardian or legal representative has been appointed
- a death certificate, if the current Entity Account Manager is deceased

NOTE: The current Entity Account Manager must complete Parts A and D-2 and sign in Part E. If he or she is unable to sign, please provide evidence as to why, such as a certified copy of a death certificate

TreasuryDirect Account Number: _____

TreasuryDirect Account Name: _____

Part E

Signatures and Certifications

The undersigned certify under penalty of perjury that the information provided herein is true and correct to the best of our knowledge and belief and agree to the changes shown as indicated. We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, 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. 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 securities or checks.

Sign in ink in the presence of a certifying officer and provide the requested information. Notary certification is not acceptable.

| | |
|---|----------------------------------|
| Sign Here: _____ | |
| _____ (Print Name) | _____ (Social Security Number) |
| Mailing Address _____ | |
| _____ (Number and Street or Rural Route) | _____ (Daytime Telephone Number) |
| _____ (City) _____ (State) _____ (ZIP Code) | _____ (E-mail Address) |

| | |
|---|----------------------------------|
| Sign Here: _____ | |
| _____ (Print Name) | _____ (Social Security Number) |
| Mailing Address _____ | |
| _____ (Number and Street or Rural Route) | _____ (Daytime Telephone Number) |
| _____ (City) _____ (State) _____ (ZIP Code) | _____ (E-mail Address) |

To certify a second signature, use the next page.

| | |
|---|--|
| Instructions to Certifying Officer: 1. Name(s) of the person(s) who appeared and date of appearance MUST be completed. 2. If a Medallion stamp is used, an original signature is required. 3. Person(s) must sign in your presence. | |
| I CERTIFY that _____, whose identity (Name of Person Who Appeared) | |
| is 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) | |
| _____ (Name of Financial Institution) | |
| _____ (Address) | |
| _____ (City, State, ZIP code) | |
| _____ (Telephone) | |
| (OFFICIAL STAMP OR SEAL) | |
| (Notary certification is NOT acceptable.) | |

I CERTIFY that _____, whose identity
(Name of Person Who Appeared)

is 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)

(Name of Financial Institution)

(Address)

(City, State, ZIP code)

(Telephone)

(OFFICIAL STAMP OR SEAL)

(Notary certification is NOT acceptable.)

INSTRUCTIONS

Complete only the parts of the form that apply to the transaction(s) requested.

Use of Form – Use this form to request TreasuryDirect account maintenance transactions that cannot be completed online. **Complete a separate FS Form 5446 for each TreasuryDirect account number.**

Part A - Account and Transaction Information (Complete this part for ALL transactions).

TreasuryDirect Account Information – Provide the TreasuryDirect account number, account name, and Taxpayer Identification Number (Social Security Number or Employer Identification Number).

Transactions Requested – Mark the appropriate box to show the type of transaction requested. You can mark more than one box, if multiple transactions are requested.

Capacity of Applicant(s) – Mark the box that best describes the capacity in which you are acting. You can check more than one box, if applicable.

Provide any necessary evidence, as described below

| <i>If you check this box . . .</i> | <i>then you must also provide this evidence . . .</i> |
|---|---|
| Individual Account Owner or parent of a minor account owner, and the security is a restricted, converted security | If the non-converting coowner or beneficiary is deceased, a certified copy of his or her death certificate. |
| Entity Account Manager | A copy of the evidence that establishes your authority to request the transaction. If filed with a court, the evidence must be under court seal. For example: copy of trust, corporate resolution, letters of appointment, (dated within one year of submission), death certificate, etc., as applicable. |
| Attorney-in-fact | A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable State law. |
| Other | A copy of the evidence that establishes your authority to request the transaction. If filed with a court, the evidence must be under court seal. |

Part B - Edit the Registration of Securities Held in TreasuryDirect

- 1. Description of Securities** – Check the box to edit the registration of all securities or describe the securities on which you want to edit the registration.
- 2. New Registration Requested** – Provide the complete name and Social Security Number of the owner/primary owner. The account owner must be named as the owner/primary owner in the registration of the securities held in his or her TreasuryDirect account. If a secondary owner or beneficiary is to be shown in the registration, check the appropriate box and provide the name and Social Security Number of the person to be shown as the secondary owner or beneficiary.

Part C - Individual Transactions – Change or Correct Individual Account Information

- 1. Change an Individual Account Owner's Name** – Complete this item if the account owner's name has changed by marriage, divorce, adoption, naturalization, court order, or some other valid reason. Indicate the manner by which the name changed and furnish the account owner's new legal name. Evidence may be required.
- 2. Correct an Individual Account Owner's Name** – Complete this item if an error was made in the account owner's name when the TreasuryDirect account was established. Furnish the account owner's correct legal name.
- 3. Correct an Individual Account Owner's Social Security Number** – Complete this item if an error was made in the account owner's Social Security Number when the TreasuryDirect account was established. Furnish the account owner's correct Social Security Number.
- 4. Correct an Individual Account Owner's Date of Birth** – Complete this item if an error was made in the account owner's date of birth when the TreasuryDirect account was established. Furnish the account owner's correct date of birth.

Part D - Entity Transactions

D-1 Change or Correct Entity Account Information - The following information must be provided by the Entity Account Manager

- **Change Entity Account Name** – Complete this item if the name of the Entity has changed. Provide an explanation for the name change.
- **Correct Entity Account Name** – Complete this item if the Entity Account name has been entered incorrectly.
- **Correct Taxpayer Identification Number** – Complete this item if the Taxpayer Identification Number for the Entity was entered incorrectly.

D-2 Consent to Change the Entity Account Manager of a TreasuryDirect Account

- **Name of the Entity Account Manager consenting to the change** – Enter the name of the currently acting Entity Account Manager.
- **TreasuryDirect Entity Account Name** – Enter the name of the Entity (i.e., trust, partnership, corporation, deceased estate) as it appears on the TreasuryDirect account.
- **Name of the new Entity Account Manager** – Enter the name of the individual who will be acting as the new Entity Account Manager.

D-3 Change or Correct Current Entity Account Manager Information - The following information must be provided by the Entity Account Manager

- **Change Entity Account Manager's Name** – Complete this item if the Entity Account Manager's name has changed by marriage, divorce, adoption, naturalization, court order, or some other valid reason. Indicate the manner by which the name changed and furnish the Entity Account Manager's new legal name. Evidence may be required.
- **Correct Entity Account Manager's Name** – Complete this item if an error was made in the Entity Account Manager's name when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct legal name.
- **Correct Entity Account Manager's Social Security Number** - Complete this item if an error was made in the Entity Account Manager's Social Security Number when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct Social Security Number.
- **Correct Entity Account Manager's Date of Birth** - Complete this item if an error was made in the Entity Account Manager's date of birth when the TreasuryDirect account was established. Furnish the Entity Account Manager's correct date of birth.

D-4 Change Entity Account Manager – New Manager Information - The following information must be provided by the new Entity Account Manager

- **Account Manager Name** – Enter the new Entity Account Manager’s full name including suffix, if appropriate.
- **Taxpayer Identification Number** – Enter the new Entity Account Manager’s Social Security Number.
- **Date of Birth** – Enter the new Entity Account Manager’s date of birth.
- **Street Address** – Enter the new Entity Account Manager’s home street address.
- **City/State/Zip Code** – Enter the new Entity Account Manager’s home address city, state and zip code.
- **Phone** – Enter the home, work and cell telephone number for the new Entity Account Manager.
- **Driver’s License/State ID Number** – Enter the driver’s license or state ID number, including the issuing state and expiration date, for the new Entity Account Manager.
- **E-mail Address** – Enter the e-mail address the new Entity Account Manager wishes to use to communicate with TreasuryDirect. This e-mail address will be used for important messages from the TreasuryDirect system and for communication from within the TreasuryDirect account.
- **Mailing Address** – Indicate the mailing address TreasuryDirect Customer Service should use if it is necessary to mail correspondence to the new Entity Account Manager by postal mail.

Part E Signatures and Certifications (*Complete this part for ALL transactions.*)

Signatures/Certifications – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in the officer’s presence. The officer must then complete the certification form provided and imprint the seal or stamp required in certifying requests. For certifications within the United States, the certifying officer must be authorized to bind his or her institution by his or her acts and guarantee signatures to assignments of securities or certify assignments of securities. Certification by a notary isn’t acceptable.

If you are a parent of a minor account owner, your signature certifies that you are requesting the transaction on the minor’s behalf, for the minor’s benefit.

| | | | |
|---|--|--|--|
| Acceptable seals and stamps: | | | |
| <ul style="list-style-type: none"> • The financial institution’s official seal or stamp, including: Signature Guaranteed seal or stamp; Endorsement Guaranteed seal or stamp; Corporate seal or stamp (a corporate resolution isn’t required); or Issuing or paying agent seal or stamp (including name, location, and four-digit identification number or nine-digit routing number). • The seal or stamp of Treasury-recognized Signature Guarantee Programs or other Treasury-approved Medallion Programs. | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 5px;"> Sample certification for a financial institution: SIGNATURE GUARANTEED ABC National Bank Hillview Branch <hr style="width: 80%; margin: 0 auto;"/> Authorized Signature </td> <td style="text-align: center; padding: 5px;"> Acceptable certification for a brokerage: SIGNATURE GUARANTEED MEDALLION GUARANTEED Generic Brokerage <hr style="width: 80%; margin: 0 auto;"/> Authorized Signature XXXXXXXX SECURITIES TRANSFER AGENTS MEDALLION PROGRAM [Bar Code] </td> </tr> </table> | Sample certification for a financial institution: SIGNATURE GUARANTEED ABC National Bank Hillview Branch <hr style="width: 80%; margin: 0 auto;"/> Authorized Signature | Acceptable certification for a brokerage: SIGNATURE GUARANTEED MEDALLION GUARANTEED Generic Brokerage <hr style="width: 80%; margin: 0 auto;"/> Authorized Signature XXXXXXXX SECURITIES TRANSFER AGENTS MEDALLION PROGRAM [Bar Code] |
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Additional Evidence – The Commissioner of the Fiscal Service, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

Assembly of Form – Complete and submit only the parts of the form that apply to the transaction(s) requested. Parts A and E must be completed and submitted for all transactions. Multiple copies of any part may be completed and submitted together, if necessary. Attach all completed parts together, in alphabetical order.

Where To Send – Send all completed parts of the form, as well as any other forms and evidence, to the address below. Legal evidence or documentation you submit cannot be returned.

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

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 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 Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND the completed form to this address; send to the address shown in "Where To Send" in the instructions.**