OMB No. 1535-0126

APPLICATION FOR ISSUE OF UNITED STATES MORTGAGE GUARANTY INSURANCE COMPANY TAX AND LOSS BONDS

To: Bureau of the Public Debt, Special Investments Branch, P.O. Box 396, Parkersburg, WV 26106-0396 Phone (304) 480-5299, Fax (304) 480-5277

Pursuant to the provisions of De	partment of the Treasury Circular, N	o. 300 (31 CFR Part 306	06), to the extent applicable.			
Issue Amount \$	Issue Date		10 Year 20 Year (Must be 10 or 20 years from issue date.)			
	Dated this	day of				
		•	(Month)	(Year)		
		Name of Owner Signature and title of Officer				
		Orginatare and this	o or omoor			
		Telephone (Include	Area Code)			
Purchaser (Name of Owner)						
TIN —	SUFFIX					
	(Leave blank if first tin	ne purchase.)				
Name						
Address						
City	State	ZIP Code				
Financial Institution						
Name						
Address						
City	State	ZIP Code				
Contact Name	Pho	one Number				
Direct Deposit (ACH) information	for Payment at Maturity					
Account Name			-			
Account Number						
Routing Number			_			
Account Type Checking	Savings					

FOR USE OF THE BUREAU OF THE PUBLIC DEBT

TREASURY CASE NO.	ISSUE DATE	MATURITY DATE	APPROVED BY

U.S TREASURY SECURITIES UNITED STATES MORTGAGE GUARANTY INSURANCE COMPANY TAX AND LOSS BONDS

FUNDS TRANSACTION

FOR ADDITIONAL HELP IN FILLING OUT THIS FORM PHONE (304) 480-5299

INSTRUCTIONS FOR TRANSMITTING PAYMENT FOR SECURITIES:

The following information must be entered on the Fedwire system to transfer funds to the Bureau of the Public Debt.

- Your bank's ABA routing number for the "SENDER ABA".
- Your organization name for the "SENDER NAME".
- ABA routing number 051036476 for the "RECEIVER ABA".
- TREAS BPD SIB for the "RECEIVER NAME".
- BTR for the "PRODUCT-CODE".
- 1000 for the "TYPE CODE".
- The name of the owner must be placed in the "ORIGINATOR'S NAME" field.
- The name of the bank submitting funds must be placed in the "ORIGINATOR'S" field.
- The owner's taxpayer identification number must be placed in the "REFERENCE TO THE BENEFICIARY" field.
- The issue date must be placed in the "ORIGINATOR TO BENEFICIARY INFORMATION" field.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

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 for 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 that it will take you about 15 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328 and the Office of Management and Budget, Paperwork Reduction Project 1535-0126, Washington, DC 20503.