For official use only:		
Customer Name	Customer No.	

PD F 5410 E Department of the Treasury Bureau of the Public Debt (Revised April 2008)

# APPLICATION FOR REFUND OF PURCHASE PRICE OF UNITED STATES SAVINGS BONDS FOR ORGANIZATIONS

OMB No. 1535-0136

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 that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

1. The undersign	gned presents and	surrenders for refund	the following	United States	Savings Bor	nds:
ISSUE DATE	FACE AMOUNT	BOND NUMBER		lete Social Security		ample, 123-45-6789], resses on the bonds)
(If you ne	eed more space to o	describe the bonds, us	se a continuati	on sheet and a	attach it to th	e form.)
a. The	e employee has be used, in whole or bonds were issue	s requested because: een terminated and is in part, to purchase the ed in error and the reg	ne bonds.			s's funds were
them, shall well a said security(ies) consequence of a United States of A	nd truly indemnify an and interest thereor any such other clair america may pay on	TION IS SUCH that if the not save harmless the Un and from any and all mend shall repay to the account of said security be void; otherwise it will	Jnited States of losses which the United State (ies) and interes	America from he United States of America a set thereon with	any other clai es of America all sums of m	m on account of a may sustain in noney which the
3. Mail check t	o: Name _		(Orașa ni	-ationla Nama)		
			(Organi	zation's Name)		
В	usiness Address _	(Almahamand Cini)	- Devel Develo	(0''.)	(0(-(-)	(7ID O - 1-)
		(Number and Street or	Rurai Route)	(City)	(State)	(ZIP Code)

Internet Address \_\_\_\_\_

## You must wait until you are in the presence of a certifying officer to sign this form.

4.	Sign Here:								
		(Signature of Officer Authorized to Request Refund of Purchase Price)							
	_	(Officer's P	rinted Name)	(Officer's Title)					
	-	(Teleph	none No.)	(FAX No.)					
	_	(Organizat	tion's Name)	(Employer Identification Number)					
	Certifying Officer – The	individual must sign in yo	ur presence. Complete the ce	rtification and affix yo	ur stamp or seal.				
5.	I CERTIFY that		, whose identity is known or was						
pro	ven to me, personally ap		day of	(Month)	,,				
at			, and signed this form.	(Month)	(Year)				
at	(City)	(State)	, and signed this form.						
	~	IAL STAMP (Signature and title of certifying office			)				
			(Street address)						
			(City)	(State)	(ZIP Code)				
	IDENTIFICATION NOTATIONS								
	Customer Account Number and Date Established:	Documents - Description:							
	Identified by (Signature and	Address):	Documen	no boomption.					

#### INSTRUCTIONS

This form is to be used for requesting refund of the purchase price for any of the circumstances shown on Page 1.

- **Item 1.** Describe the savings bonds submitted for refund.
- **Item 2.** Provide the reason the savings bonds are being submitted for refund. If none of the circumstances apply, complete Item 2 (c) and outline the reason for the request.
- **Item 3.** Provide mailing instructions.
- **Item 4.** A person authorized to request refund on behalf of the organization must sign this form, show his/her official title and daytime telephone number. The organization's employer identification number must also be furnished. (See **Certification to Form**.)
- **Item 5.** The person requesting refund of the bonds listed must appear before and establish identification to the satisfaction of an authorized certifying officer and, in the presence of the officer, sign this request. (See **Certification to Form**.)

Send the application, the bonds, and any relevant correspondence to the Department of the Treasury, Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26106-7012.

#### **CERTIFICATION TO FORM**

Sign the completed form in the presence of an authorized certifying officer. The certifying officer must complete the certification form and place an adequate notation on this form, or on a separate record, showing exactly how identification was established. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at banking institutions, including credit unions, in the United States, and as provided in Department of the Treasury Circulars Nos. 530 and Public Debt Series Nos. 3-80 and 2-98.

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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 06 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 the above address; send to correct address shown in the instructions.** 

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