For official use only:	
Customer Name	Customer No.

PD F 1010 E Department of the Treasury Bureau of the Public Debt (Revised July 2008)

RESOLUTION FOR TRANSACTIONS INVOLVING TREASURY SECURITIES

OMB No. 1535-0117

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 puni	shable by fine and/or imprisonn		my raise, notitious, o	Traducient claim of statement
1. DESCRIPTION OF SECURITIES				
TITLE OF SECURITY (Identify by interest rate, title, call and maturity dates)	SERIAL NUMBER	FACE AMOUNT		GISTRATION iption on each security)
(If more space is n	eeded to describe your securitie	s, use a continuation she	et and attach it to thi	is form.)
2. RESOLUTION – Provide the names "and" between the names. If any one			than one individual	is named and all must sign, use
Resolved that:				
is/are authorized to perform any transaction sale of securities, or reinvestments);	ns for the securities described a	above (including, but not I	imited to, change of	payment information, transfer or
The authorized individual(s)		with authority in turn to ap	ppoint one or more su	ubstitutes.
The individuals are authorized to execut relief on account of the loss, theft, or destreceive checks or securities issued in settler	ruction of United States Securiti			
It is further resolved that any action taken b		s hereby ratified and that	this authorization sh	all remain in effect for
1 year 2 years other	from the date of c	ertification. (One year will	be assumed unless	otherwise indicated.)
3. AUTHORIZATION - I certify that th	e foregoing is a true copy of a re	esolution adopted at a mee	eting of the governing	g body of:
	(Name of	Organization)		
and that said meeting was duly called	and held and that the resolution	was duly adopted and is i		
If your organization does not have The form must be signed b	a seal, you MUST wait until y an officer other than the p			
(05.1) 05.5115				
(SEAL OF THE ORGANIZATION)				(Date)
(Title)			(Telephone Number)	
4 CERTIFICATION CONTRACTOR		alia NOT afficial above		,
4. CERTIFICATION – Certification req	to Certifying Individual: Th		an in vour present	20
Name(s) of person(s) who app	eared and date of appearant	e MUST be completed	and you must affi	x your stamp or seal.
I CERTIFY that			whose	identity(ies) is/are known or
	(Name(s) of Person(s) Who A	ppeared)		
proven to me, personally appeared before m	ne the day	of(N	Month)	, , (Year)
at	, a	nd signed this resolution.	,	(- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
(City)	(State)			
	-	(Sign	ature and Title of Certif	ving Officer)
(OFFICIAL STAMP		(0.9.		yg •co./
OR SEAL)	_	(Name of Financial Institution)		
	_	(Number and Street or Rural	Route) (City)	(State) (ZIP Code)

INSTRUCTIONS

USE OF FORM

This form can be used to authorize individuals (by name and title) in an organization to conduct any transactions regarding Treasury securities.

IMPORTANT NOTE

- 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 this transaction. To
 avoid delays, read the instructions carefully and type or print clearly in ink only. Spaces are provided for the
 serial numbers.
- RESOLUTIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.

COMPLETION OF FORM

ITEM 1. DESCRIPTION OF SECURITIES

Describe the securities in the spaces provided. The securities should be identified by the loan title, interest rate, call and maturity dates, face amount, and serial number; the complete registration should also be shown in the spaces provided.

ITEM 2. RESOLUTION

Provide the names and titles of the individuals being granted authority. If more than one individual is named, use the conjunction "and" between the names if all individuals must sign. If any one of the individuals may sign, use the conjunction "or" between the names. Completion of this form will authorize the named individuals to conduct any transactions regarding the securities listed on the form, or execute a bond of indemnity on behalf of the organization.

Indicate whether the authorized individual has the authority to appoint an attorney-in-fact. If neither box is marked, it will be assumed that the authority has not been granted.

ITEM 3. AUTHORIZATION

An officer of the organization who is responsible for maintaining the organization's records should sign and date the form. This officer cannot be among those named on the front of the form (i.e., an officer may not sign his or her own authorization to conduct transactions). The organization's seal must be affixed to the form. If the organization does not have a seal, the form must be certified.

ITEM 4. CERTIFICATION

Certification of the officer's signature is required only if the organization's seal is not affixed to this form. Acceptable certifying individuals include authorized employees of insured depository institutions and corporate central credit unions.

WHERE TO SEND – Completed forms should be submitted to the Department of the Treasury, Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426.

RETENTION OF RESOLUTION – If this resolution is submitted in support of a specific transaction request, subsequent requests should be accompanied by additional resolution forms. If this resolution is to remain in effect for a longer period of time, this form will be retained at the Bureau of the Public Debt. In order to be effective, changes or revocations to this resolution must be in writing, certified, and sent to the Bureau of the Public Debt. The Department of the Treasury (Bureau of the Public Debt) will not be responsible for recognizing changes or revocations not submitted.

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 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 the above address; send to the correct address shown in "WHERE TO SEND" above.**