



RESOLUTION FOR SECURITY TRANSACTIONS

SEE INSTRUCTIONS - TYPE OR PRINT IN INK ONLY - NO ALTERATIONS OR CORRECTIONS

1. Legacy Treasury Direct ACCOUNT INFORMATION	FOR DEPARTMENT USE
Legacy Treasury Direct ACCOUNT NUMBER _____	
ACCOUNT NAME _____	DOCUMENT AUTHORITY
_____	APPROVED BY

This resolution is in effect for ALL securities maintained in this account during the term of authorization.	
2. RESOLUTION (Provide the names and titles of individuals being granted authority. If more than one individual is named and all must sign, use "and" between the names. If any one of the individuals may sign, use "or" between the names.)	DATE APPROVED
Resolved that: _____	
_____	EXPIRATION DATE
is/are authorized to perform any transactions for the account described above (including, but not limited to, change of payment information; transfer or sale of securities; purchase by ACH debit [<i>Pay Direct</i> ®]; or reinvestments).	
The authorized individual(s) <input type="checkbox"/> may <input type="checkbox"/> may not appoint an attorney-in-fact with authority in turn to appoint one or more substitutes. ("May not" will be assumed unless otherwise indicated.)	
It is further resolved that any action taken by the individuals listed above is hereby ratified and that this authorization shall remain in effect for <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> other _____ from the date of certification. (One year will be assumed unless otherwise indicated.)	
3. AUTHORIZATION	YOU MUST WAIT UNTIL YOU ARE IN THE PRESENCE OF A CERTIFYING INDIVIDUAL TO SIGN THIS FORM. It must be signed by an officer other than the persons authorized herein to execute transaction requests.
I certify that the foregoing is a true copy of a resolution adopted at a meeting of the governing body of:	

Name of Organization	
and that said meeting was duly called and held and that the resolution was duly adopted and is in full force.	
SEAL OF THE ORGANIZATION	_____
_____	Date
_____	_____
Title	Telephone
4. CERTIFICATION	Certification required ONLY if Organization's Seal is NOT affixed above.
Instructions to Certifying Individual: Name of person(s) who appeared and date of appearance MUST be completed.	
I certify that _____, whose identity(ies) is/are known or proven	
Name(s) of Person(s) Who Appeared	
to me, personally appeared before me this _____ day of _____ and signed this resolution.	
Month/Year	
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.	_____
	Signature and Title of Certifying Individual

	Name of Financial Institution

	Number and Street or Rural Route

	City/State/ZIP Code

	Telephone



PURPOSE This form can be used to authorize individuals (by name and title) in an organization to conduct any transactions regarding Legacy Treasury Direct 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 form. To avoid delays, read the instructions carefully and **type or print clearly in ink only**.
- **RESOLUTIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

1. Legacy Treasury Direct ACCOUNT INFORMATION

Provide your Legacy Treasury Direct ACCOUNT NUMBER and ACCOUNT NAME. You will find this information on your Legacy Treasury Direct *Statement of Account*. All securities maintained now and hereafter in this account are subject to this resolution.

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 the 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 account listed on the front of the form. **REMINDER:** The purchase price of securities bought using ACH debit (*Pay Direct*®) will be deducted from the account at the financial institution designated in Legacy Treasury Direct.

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.

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 in Item 2 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.

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.

SUBMISSION

Completed forms should be submitted to your Treasury Retail Securities Site.

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.

CONTACT

Call us toll-free in the United States at 1-800-722-2678. Outside the U.S.? Call us at (304) 480-6464.

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. **SEND completed form to the address shown in SUBMISSION.**