

For official use only: Customer Name	Customer No.
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Department of the Treasury
Bureau of the Public Debt
(Revised April 2008)

**REPORT OF NONRECEIPT, LOSS, THEFT, OR DESTRUCTION OF
FISCAL AGENCY CHECK AND APPLICATION FOR REPLACEMENT**

OMB No. 1535-0069

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. RETURN THIS FORM TO:

- Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26106-7012. (for E/EE/I savings bonds)
- Bureau of the Public Debt, PO Box 2186, Parkersburg, WV 26106-2186. (for HH/H savings bonds)
- Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426. (for Treasury Bills, Notes, Bonds and TIP's)
- Federal Reserve Bank of _____

2. REQUESTED ACTION:

I/We hereby report the nonreceipt, loss, theft, or destruction of a fiscal agency check issued in connection with United States securities and request issuance of a replacement payment. I/We have requested that a stop-payment order be placed against the check described in Item 4. hereby request _____

3. SECURITY DESCRIPTION. The check was issued in connection with:

- a. U.S. Savings or Retirement Bonds:
- Series E Series EE Savings Notes Series H Series HH Series I
- Retirement Plan Bonds Individual Retirement Bonds
- b. U.S. Treasury Marketable Securities:
- Legacy Treasury Direct® Bill Note Bond TIPS _____ (Term)
- (Replacement payment may be by Direct Deposit.)

Legacy Treasury Direct account number - -

Paper Securities: Coupon Note Coupon Bond Registered Note Registered Bond

Other _____

c. Additional identifying information (loan title, pieces, face amount, form(s) of registration): _____

4. CHECK DESCRIPTION. The check was issued in connection with:

- a. Type of payment - The check was issued in connection with the following type of payment:
- principal interest discount or refund coupons
- Other _____
- b. Date of payment: _____
- c. If the payment was made in connection with securities or coupon(s) presented for payment, indicate where presented:
- Federal Reserve Bank of _____ Other _____
- Bureau of the Public Debt, Parkersburg, WV
- d. Social security number of first-named payee: _____
- e. Amount of check: _____
- f. Check serial number (if known): _____
- g. Name(s) inscribed on the check: _____

h. The check was:

- Never received
 Received then lost
 Received then stolen
 Received then destroyed

i. If lost, stolen, or destroyed, was the check endorsed? Yes No ***If Yes, show the exact form of endorsement.***

j. Tell us the circumstances surrounding the loss, theft, or destruction:

k. I hereby warrant that all other payees named on the check(s) did not have access to the check and request waiver of the requirement for all other payees to execute the application and agreement.

5. INDEMNIFICATION AGREEMENT AND SIGNATURE(S):

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

In consideration of the issuance of a replacement payment, I/we agree that if the missing check ever comes into my/our possession or under my/our control, I/we will return it to the Bureau of the Public Debt or a Federal Reserve Bank. Further, I/we indemnify and hold harmless the United States of America, the Department of the Treasury, and the payor Federal Reserve Bank, against all claims or demands and all loss, damage, and expense, including legal fees and expenses, that may be incurred from paying the check reported lost or refusing to pay the check if presented.

Sign here:

Sign here:

(Payee's Signature)

(Second Payee's Signature)

(Number and Street or Rural Route)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

(City) (State) (ZIP Code)

(Daytime Telephone Number)

(Daytime Telephone Number)

(E-Mail Address)

(E-Mail Address)

Certifying Officer – Each individual must sign in your presence. Complete the certification and affix your stamp or seal. Brokers must use a Medallion Stamp.

I CERTIFY that _____,
whose identity is known or was proven to me, personally
appeared before me this _____ day of _____,
(Month)
_____, at _____,
(Year) (City) (State),
and signed this form.

I CERTIFY that _____,
whose identity is known or was proven to me, personally
appeared before me this _____ day of _____,
(Month)
_____, at _____,
(Year) (City) (State),
and signed this form.

(Signature of certifying officer)

(Signature of certifying officer)

**(OFFICIAL STAMP
OR SEAL)**

(Title of certifying officer)

**(OFFICIAL STAMP
OR SEAL)**

(Title of certifying officer)

(Address)

(Address)

INSTRUCTIONS

USE OF FORM – Payee(s) can use this form to report the nonreceipt, loss, theft, or destruction of fiscal agency checks and to apply for a replacement payment. The form provides the necessary information to place a hold on the payment of the missing check and constitutes an application for the issuance of a replacement payment. Before a replacement payment can be issued, additional evidence and a bond of indemnity may be required.

COMPLETION OF FORM – Print clearly in ink or type all information requested. If more space is needed for any item, use a plain sheet of paper and attach it to this form.

- ITEM 1.** This Item is completed by the servicing office, advising you where to return the completed form.
- ITEM 2.** Mark the appropriate box regarding stop-payment.
- ITEM 3.** Mark the appropriate box(es) to show for what type(s) of security(ies) the check was issued. Provide any additional identifying information in Item 3c.
- ITEM 4.** Furnish all requested information:
- a. Show the type of payment for which the check was issued.
 - b. Furnish the date of payment.
 - c. Indicate where the securities or coupons were presented for payment.
 - d. Furnish the first-named payee's social security number.
 - e. Show the amount of the check.
 - f. Provide the serial number of the check.
 - g. Provide the names that were inscribed on the check.
 - h. Indicate whether the check was never received, or received and then lost, stolen, or destroyed.
 - i. Indicate whether the check was endorsed and, if so, provide the exact form of endorsement.
 - j. If the check was lost, stolen, or destroyed after receipt, furnish the circumstances of the loss, theft, or destruction.
 - k. Mark this box if the other payees named on the check did not have access to the check and you are requesting a waiver of the requirement for all payees to join in executing the application and agreement.
- ITEM 5.** Sign the form in ink and provide your complete home address, daytime telephone number, and e-mail address, if applicable. If there are two payees, both must sign unless Item 4k. is marked. Each signature must be certified (see **CERTIFICATION** below).

CERTIFICATION – You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the officer's presence. The certifying officer must complete the certification forms provided and affix the seal or stamp which is used when certifying requests for payment. Brokers must use a Medallion Stamp. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a complete list of such officers see Department of the Treasury Circular Nos. 300 and 530, current revisions, and Public Debt Series Nos. 3-80 and 2-98.

WHERE TO SEND – Send the completed form to the office shown in Item 1. If no box is checked in Item 1, send the form to the servicing office which sent it to you.

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 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 Item 1.**