

For official use only: Customer Name	Customer No.
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PD F 5235 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised October 2011)

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

OMB No. 1535-0069  
www.treasurydirect.gov

**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 2186, Parkersburg, WV 26106-2186. *For Series H or Series HH savings bonds.*
- Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26106-7012. *For definitive (paper) savings bonds.*
- Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426. *For marketables held in Legacy Treasury Direct.*
- Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426. *For definitive (paper) marketable securities.*
- Bureau of the Public Debt, PO Box 7015, Parkersburg, WV 26106-7015. *For securities held in TreasuryDirect.*
- Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150.

**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. Paper U.S. Savings Bonds 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 \_\_\_\_\_  
 (Replacement payment may be by direct deposit.) (Term)

Legacy Treasury Direct Account Number \_\_\_\_\_

Paper Securities:  Coupon Note     Coupon Bond     Registered Note     Registered Bond  
 Other \_\_\_\_\_

c. Electronic U.S. Treasury Securities held in TreasuryDirect

- Series E     Series EE     Series I     C of I (Certificate of Indebtedness)  
 Bill     Note     Bond     TIPS \_\_\_\_\_  
(Term)

d. 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:

- 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:

- Treasury Retail Securities Site, Minneapolis, MN       Other \_\_\_\_\_  
 Bureau of the Public Debt, Parkersburg, WV

d. Social Security Number of first-named payee: \_\_\_\_\_

e. Amount of check: \_\_\_\_\_

f. Serial number of check (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. Describe 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. Therefore, I 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:**

\_\_\_\_\_  
Payee's Signature

\_\_\_\_\_  
Street, Rural Route, or PO Box

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
E-Mail Address

**Sign here:**

\_\_\_\_\_  
Second Payee's Signature

\_\_\_\_\_  
Street, Rural Route, or PO Box

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
E-Mail Address

**Instructions to Certifying Officer:**

1. Name of person(s) who appeared and date of appearance **MUST** be completed. NOTE: For a second person, use Page 4.
2. Medallion stamps require an original signature.
3. Person(s) must sign in your presence.

I certify that \_\_\_\_\_, whose identity is known or  
Name of Person Who Appeared  
proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
Month/Year  
at \_\_\_\_\_, and signed this form.  
City, State

**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 Officer

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Telephone

I certify that \_\_\_\_\_, whose identity is known or  
Name of Person Who Appeared  
 proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
Month/Year  
 at \_\_\_\_\_, and signed this form.  
City, State

**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 Officer

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Telephone

**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 3d.
- 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, if known.
  - 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**" section 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 address shown in Item 1. If no box is checked in Item 1, send the form to the servicing office which sent it to you.

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#### **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 this address; send to the address marked in Item 1 on Page 1.**