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| For official use only: Customer Name | Customer No. |
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PD F 4000 E
Department of the Treasury
Bureau of the Public Debt
(Revised April 2012)

REQUEST TO REISSUE UNITED STATES SAVINGS BONDS

OMB No. 1535-0023

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

PART A – NEW BOND REGISTRATION

1. Bond Description (NOTE: Savings bonds within one month of final maturity cannot be reissued.)

I/We request reissue of the bonds described below, in the amount of \$ _____ (total face amount).

| ISSUE DATE | FACE AMOUNT | BOND NUMBER | REGISTRATION (Provide complete Social Security Number [for example, 123-45-6789] and names, including middle names or initials, on the bonds.) |
|------------|-------------|-------------|---|
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(If you need more space to describe your bonds, attach either a PD F 3500 [see www.treasurydirect.gov], a plain sheet of paper, or a photocopy.)

2. Extent of reissue: In full _____ Amount, Fractional Share, or Percentage

3. Requested Registration

a. Taxpayer Identification No.: _____
(Social Security Number or Employer Identification Number)

b. Registration: _____
(First Name, Middle Name or Initial, Last Name, or Fiduciary Inscription)

c. Address: _____
(Street, Route, or P.O. Box; City, State, ZIP Code)

d. To name a coowner or beneficiary, select a box and enter a name:
 coowner beneficiary (POD) } _____
 (First Name, Middle Name or Initial, Last Name)

(If a name is shown and neither box is marked, coownership will be assumed.)

TAX LIABILITY: If the name of a living owner or principal coowner of the bonds is eliminated from the registration, the owner or principal coowner must include the interest earned and previously unreported on the bonds to the date of the transaction on his or her Federal income tax return for the year of the reissue. (Both registrants are considered to be coowners when bonds are registered in the form: "A" or "B.") The principal coowner is the coowner who (1) purchased the bonds with his or her own funds, or (2) received them as a gift, inheritance, or legacy, or as a result of judicial proceedings, and had them reissued in coownership form, provided he or she has received no contribution in money or money's worth for designating the other coowner on the bonds. If the reissue is a reportable event, the interest earned on the bonds to the date of the reissue will be reported to the Internal Revenue Service (IRS) by a Federal Reserve Bank or Branch or the Bureau of the Public Debt under the Tax Equity and Fiscal Responsibility Act of 1982. **THE OBLIGATION TO REPORT THE INTEREST CANNOT BE TRANSFERRED TO SOMEONE ELSE THROUGH A REISSUE TRANSACTION.** If you have questions concerning the tax consequences, consult the IRS, or write to the Commissioner of Internal Revenue, Washington, DC 20224. **Unless we are otherwise informed, the first-named coowner will be considered the principal coowner for the purpose of this transaction.**

4. Delivery instructions, if different from above: _____
 (Name)

 (Street, Rural Route, or PO Box)

 (City) (State) (ZIP Code)

PART B – REASON FOR REISSUE

Describe the reason for the reissue.

If the reason shown above is to correct an error in registration, provide the following information.

- (1) Who purchased the bonds? _____
- (2) Whose funds were used? _____
- (3) How did the error occur? _____

PART C – SIGNATURES AND CERTIFICATIONS

I/We certify under penalty of perjury that the information provided herein is true and correct to the best of my/our knowledge and belief. I/We agree to reissue of the bonds as indicated in Part A and certify that the reissue is authorized. I/We hereby bind ourselves, our heirs, legatees, successors, and assigns, jointly and severally, to hold the United States harmless on account of the reissue requested herein, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. I/We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the bonds.

Sign in ink in the presence of an authorized certifying officer.
(See the instructions for who must sign.)

| | |
|----------------------------------|---------------------------------|
| | |
| (Title) | (Title) |
| (Street, Rural Route, or PO Box) | (Street, Rural Route or PO Box) |
| (City) (State) (ZIP) | (City) (State) (ZIP) |
| (Social Security Number) | (Social Security Number) |
| (Email Address) | (Email Address) |
| (Daytime Telephone Number) | (Daytime Telephone Number) |

Instructions to Certifying Officer:

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

I CERTIFY that _____, whose identity is known or was
 (Name of Person Who Appeared)

proven to me, personally appeared before me this _____ day of _____,
 (Month/Year)

at _____, and signed this form.
 (City, State)

(OFFICIAL STAMP
OR SEAL)

(Signature and Title of Certifying Officer)

(Name of Financial Institution)

(Address)

(City, State, ZIP Code)

(Telephone)

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.**

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

(OFFICIAL STAMP
 OR SEAL)

 (Signature and Title of Certifying Officer)

 (Name of Financial Institution)

 (Address)

 (City, State, ZIP Code)

 (Telephone)

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.**

Reserved for Identification Notations

Customer Account Number
 and Date Established: _____

Customer Account Number
 and Date Established: _____

Identified by: _____

Identified by: _____

Documents – Descriptions: _____

Documents – Descriptions: _____

INSTRUCTIONS TO CERTIFYING OFFICER

Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally known to you. You must place an adequate notation in the area reserved for identification notations in Part C or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and, if you are an officer or employee of an organization, the organization will be held fully responsible for the adequacy of the identification.

The signatures to the request must be executed in your presence. Fully complete and sign the certification form provided for your use for each signature you witness.

If you are an employee (rather than an officer) authorized to certify signatures, insert the words "Authorized Signature" in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

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This transaction was a reportable event.

\$ _____ was reported under _____ for _____ .
 (Social Security Number) (Year)

This transaction was not a reportable event. No interest was reported.

INSTRUCTIONS

USE OF FORM – Complete this form to reissue paper (definitive) Series EE, HH, and I United States Savings Bonds, Retirement Plan Bonds, and Individual Retirement Bonds. A separate Part A must be used for each new form of registration. If you need more space for any item, attach either a plain sheet of paper, a photocopy of the relevant section, or, for Part A, Section 1, a PD F 3500 (see www.treasurydirect.gov). To request payment, sign the backs of the bonds instead of completing this form.

INCOMPETENT OR MINOR – A minor of sufficient age and competency to sign the request and to understand the nature of the transaction may request reissue of the bonds. A minor under legal guardianship may not request reissue. An incompetent owner, coowner, or beneficiary may not request reissue.

PART A – NEW BOND REGISTRATION

1. Describe the bonds to be reissued. If you need more space, attach either a PD F 3500 (see www.treasurydirect.gov), a plain sheet of paper, or a photocopy.
2. Mark the box "In full" if the person listed in Item 3 is to receive the entire value of the bond(s) described in Item 1; or, if the person listed in Item 3 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he or she is to receive.
3. Provide the following information:
 - a. The appropriate Taxpayer Identification Number (Social Security Number or Employer Identification Number).

| <i>If the new bonds are to be inscribed in the name of . . .</i> | <i>Provide this . . .</i> |
|---|--|
| One person as owner, with or without a beneficiary | The Social Security Number of the owner |
| Two persons as coowners | The Social Security Number of the first-named coowner |
| A guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward | The Social Security Number of the minor, incompetent, or other ward |
| Other fiduciary registration (trustee, administrator of decedent's estate, etc.) | The Social Security Number of the grantor of the trust or decedent or an Employer Identification Number assigned to the fiduciary estate |

- b. The new registration. Use as much space as necessary on these three lines to give either a name (first name, middle name or initial, and last name) or a fiduciary inscription.
 - c. Mailing information.
 - d. To add a coowner or beneficiary, mark the appropriate box and insert his or her name. If a name is shown and no box is marked, coownership will be assumed.
4. To have the bonds mailed to an address other than the address shown in Item 3, provide the name and address of the person or institution receiving them.

NOTICE UNDER PRIVACY ACT AND PAPERWORK REDUCTION ACT

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 30 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 "Where to send" in the Instructions.

PART B – REASON FOR REISSUE

Describe the reason for the reissue. The chart below shows common reasons for reissue. These may not be authorized for all series. Complete guidelines for authorized reissue transactions may be found in the regulations, in the following Department Circulars: DC 3-80 (Series EE/HH), DC 2-98 (Series I), DC 1-75 (Individual Retirement Bonds), and DC 1-63 (Retirement Plan Bonds).

| Bonds may be reissued to... | The form must be signed by... | Additional Information |
|--|--|---|
| Add a new coowner or beneficiary to a bond in sole owner registration. | The owner. | The original owner must be the first-named coowner. |
| Change the present beneficiary to coowner. | The owner. | The beneficiary may only be shown as second-named coowner. |
| Remove the name of a living beneficiary. | The owner. | The owner may add a different person as coowner or beneficiary. |
| Remove the name(s) of any deceased registrant(s). | The surviving registrant. | The surviving registrant must be shown as the owner or first-named coowner in the registration of the new bonds. If more than one registration is requested, a separate Part A must be completed for each different registration. Submit certified copies of the death certificates for all deceased registrants except beneficiaries on Series EE, HH, or I bonds. |
| Show that a change of name occurred. | The person whose name has changed. | Explain exactly how the change of name was authorized (marriage, divorce, court order, naturalization, etc.). Evidence may be required. |
| Correct an error in registration. | The purchaser. If the purchaser and the person whose funds were used to purchase the bonds are different persons, both must sign. | Provide the answers to the questions shown. |
| Substitute the name of the fiduciary who has succeeded the fiduciary named in the registration of the bonds. | The successor in his or her fiduciary capacity. | Submit proof of the succession to the position, such as a certified copy of the letters of appointment or, in the case of a trustee, a copy of the trust instrument and proof of the death or resignation of the original trustee. |
| Show the name of the executor or administrator of a deceased owner's estate. | The fiduciary in his or her fiduciary capacity. | Submit a certified copy of the letters of appointment, dated within one year of submission, and certified copies of the death certificates for all deceased registrants. |
| Show the name of the guardian, conservator, or similar representative of the estate of a minor or incompetent owner. | The fiduciary in his or her fiduciary capacity. | Submit a certified copy of the letters of appointment, dated within one year of submission. |
| Change ownership due to divorce, legal separation, or annulment. | The owner or both coowners (or their representatives). For bonds in coownership form, a request solely to eliminate the name of one coowner may be signed by that coowner only. | See the Tax Liability statement on this form. The name of another person may be added as coowner or beneficiary. |
| Remove a living owner/coowner and reissue in a form authorized under the regulations. | The owner/coowner being removed. | Remaining registrant must be named first in the registration. See the Tax Liability statement on this form. The name of another person may be added as coowner or beneficiary. |

PART C – SIGNATURES AND CERTIFICATIONS

SIGNATURES - Sign the form in ink, in the presence of an authorized certifying officer. The form must be signed as indicated in Part B of the instructions. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.

If an owner or coowner's name has been changed by marriage, divorce, court order, naturalization, or otherwise, he or she must sign the form as follows: "(PRESENT LEGAL NAME)", changed by (specify manner in which change occurred) from "(NAME AS ON BONDS)." To support a change of name, other than by marriage, a complete statement should follow the signature to show exactly how the change of name was authorized. Evidence may be required.

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. If a minor owner or coowner signs the request, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature

Authorized Signature

XXXXXXXX
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM
[Bar Code]

ADDITIONAL REQUIREMENTS FOR SERIES HH BONDS:

- Under the Interest Dividend Tax Compliance Act of 1983 as implemented by Internal Revenue Service regulations, the new owner or first-named coowner must complete IRS Form W-9 to certify that the Social Security Number furnished is correct, to indicate whether or not he or she is subject to backup withholding under the provision of Section 3406(a)(1)(C) of the Internal Revenue Code, and to verify that he or she is a United States person (including a U.S. resident alien). Forms W-9 are available at financial institutions in the United States and Internal Revenue Offices. These forms can also be found on the IRS website at www.irs.gov.
- The furnishing of direct deposit information is a condition of reissue of Series HH bonds bearing issue dates of October 1989 and thereafter. A direct deposit form (PD F 5396, at www.treasurydirect.gov) or SF 1199A must be completed for Series HH bonds dated October 1989 and thereafter which are submitted for reissue. The direct deposit form must be completed by the new owner or coowner providing the appropriate information for direct deposit of the semi-annual interest payments. Forms SF 1199A are available at financial institutions in the United States. PD F 5396 is available for download on the Internet using the "Forms" link at www.treasurydirect.gov. The financial institution designated to receive the payment can assist in the completion of the direct deposit form.

ADDITIONAL EVIDENCE – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

RETURN OF EVIDENCE - If the evidence submitted with this form is to be returned, provide a written request when the evidence is submitted.

WHERE TO SEND – Unless otherwise instructed, send PD F 4000 and the bonds, as well as any other appropriate forms and evidence, to either of these addresses:

Bureau of the Public Debt
PO Box 7012
Parkersburg, WV 26106-7012

OR

Treasury Retail Securities Site
PO Box 214
Minneapolis, MN 55480-0214
(Phone: 800-553-2663)