

For BPD use only: Customer Name	Customer No.
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PD F 2243 E
Department of the Treasury
Bureau of the Public Debt
(Revised June 2012)

SUPPLEMENTAL STATEMENT FOR UNITED STATES SECURITIES

OMB No. 1535-0013

Visit us on the Web at 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 punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

1. The claim reporting the loss, theft, destruction, or nonreceipt of United States Securities applies to the securities described in Item 5.
2. The claim reporting the loss, theft, destruction, or nonreceipt of United States Securities applies to the securities described in Item 5 rather than the securities described in the original application.
3. I certify:
 - I had possession, custody, or control of the securities described in Item 5.
 - I have firsthand knowledge of the circumstances under which the securities described in Item 5 were lost, stolen, or destroyed.
 - I had access to the _____ described in Item 5.
4. I have been informed that _____ submitted

a claim reporting the _____ of the United States Securities
(loss, theft, destruction, or nonreceipt)

described in Item 5. My knowledge of the securities is:

5. Description of Securities

TITLE OF SECURITY <small>(Identify securities by series, interest rate, type, CUSIP, call and maturity dates, as appropriate)</small>	ISSUE DATE	FACE AMOUNT <small>(Denomination)</small>	SERIAL NUMBER	REGISTRATION <small>(Exactly as shown on the face of each security)</small>

(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.)

6. Signatures and Certification

I/We certify that I/we don't have possession or control of any of the securities described in Item 5 and that I/we don't have any further information in regard to where they are or what became of them.

I/We severally petition the Secretary of the Treasury for relief as authorized by law and, if relief is granted, acknowledge that the original securities will become the property of the United States. Upon the granting of relief, I/we assign all our right, title, and interest in the original securities to the United States and hereby bind myself/ourselves, my/our heirs, executors, administrators, successors and assigns, jointly and severally: (1) to surrender the original securities to the Department of the Treasury should they come into my/our possession; (2) to hold the United States harmless on account of any claim by any other parties having, or claiming to have, interests in these securities; and (3) upon demand by the Department of the Treasury, to indemnify unconditionally the United States and repay to the Department of the Treasury all sums of money which the Department may pay on account of the redemption of these original securities, including any interest, administrative costs and penalties, and any other liability or losses incurred as a result of such redemption.

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

Sign Here ⇒ _____
(Signature) (Print Name)

Home Address _____
(Number and Street or Rural Route) (Social Security Number)

(City) (State) (ZIP Code) (Daytime Telephone Number)

E-Mail Address _____

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

Sign Here ⇒ _____
(Signature) (Print Name)

Home Address _____
(Number and Street or Rural Route) (Social Security Number)

(City) (State) (ZIP Code) (Daytime Telephone Number)

E-Mail Address _____

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

Sign Here ⇒ _____
(Signature) (Print Name)

Home Address _____
(Number and Street or Rural Route) (Social Security Number)

(City) (State) (ZIP Code) (Daytime Telephone Number)

E-Mail Address _____

Instructions to Certifying Officer:

1. Name of person who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person 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

(OFFICIAL STAMP
OR SEAL)

Signature and Title of Certifying Officer

Name of Financial Institution

Address

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.**

City, State, ZIP Code

Telephone Number

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

(OFFICIAL STAMP
OR SEAL)

Signature and Title of Certifying Officer

Name of Financial Institution

Address

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.**

City, State, ZIP Code

Telephone Number

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

(OFFICIAL STAMP OR SEAL)

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 Number

INSTRUCTIONS

PURPOSE OF FORM – Use this form to support an application for relief on account of the loss, theft, destruction, or nonreceipt of United States Securities.

COMPLETION OF FORM

- ITEM 1.** Mark this box to show that the securities described in Item 5 are the missing securities referred to on the original application. Describe the missing securities in Item 5.
- ITEM 2.** Mark this box if incorrect serial numbers were provided on the original application. Describe the correct missing securities in Item 5.
- ITEM 3.** Mark the appropriate box(es) to indicate whether you had possession, custody, or control of the securities, firsthand knowledge of the circumstances under which they were lost, stolen, or destroyed, or if you had access to the securities.
- ITEM 4.** Mark this box and complete this item when someone other than the original applicant(s) had custody or knowledge of the loss. Furnish the name(s) of the original applicant(s) and provide all information concerning your knowledge of the whereabouts of the securities. If you do not have any knowledge of their whereabouts, state this. If the original applicant(s) or any other person claims to have mailed or delivered the securities to you, state whether or not you received them. If you did not receive the securities, explain why, if known (for example, wrong address used).
- ITEM 5.** Furnish a complete description of the missing securities.
- ITEM 6.** If Item 1 or 2 is checked, the form must be signed by the original applicant(s). If Item 3 or 4 is checked, the form must be signed by the person having custody of the securities or knowledge of their loss. If any person whose signature is required is a minor who does not have a court-appointed guardian, he/she can sign the form on his/her own behalf if, in the opinion of the certifying officer, he/she is of sufficient competency to understand the nature of the transaction. Otherwise, the form must be signed by both parents on the minor's behalf. If the minor does not reside with either parent, the form must be completed and signed by the person who furnishes the minor's chief support. The minor's age and social security number must be furnished.

Each person whose signature is required must sign the form in ink, print his/her name, and provide his/her home address and daytime telephone number. Each signature must be certified.

CERTIFICATION - Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. 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 financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

WHERE TO SEND – Send the application and any additional information to the Department of the Treasury, Bureau of the Public Debt, using the address listed below that is appropriate to the type of security involved:

- HH/H Savings Bonds – PO Box 2186, Parkersburg, WV 26106-2186
- E/EE/I Savings Bonds – PO Box 7012, Parkersburg, WV 26106-7012
- Treasury Bills, Notes, Bonds, and TIPS – PO Box 426, Parkersburg, WV 26106-0426

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 05 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.**