

U.S. Savings Bonds EasySaver™ Plan Enrollment Form

PLEASE FOLLOW THE INSTRUCTIONS CORRESPONDING WITH THE NUMBERED SEQUENCE AND PRINT IN UPPERCASE.

OWNER INFORMATION

_____-_____-_____
 SOCIAL SECURITY NUMBER

 NAME (FIRST, MI, LAST)

 NUMBER AND STREET, RURAL ROUTE, OR POST OFFICE BOX

_____-_____-_____
 CITY OR TOWN STATE

_____-_____-_____
 ZIP CODE DAYTIME PHONE NUMBER 0 7

I authorize the Bureau of the Public Debt or a Federal Reserve Bank acting as a fiscal agent of the United States to initiate debits to my account at my financial institution, as named on this form or on an attached voided check or deposit slip. I also authorize my financial institution to debit my account and forward the funds to the Bureau of the Public Debt through a designated Federal Reserve Bank for the purchase of savings bonds. I understand that the bonds will be issued upon receipt of the funds by a designated Federal Reserve Bank.

ACCOUNT OWNER'S SIGNATURE _____ DATE _____

JOINT ACCOUNT OWNER'S SIGNATURE _____ DATE _____

ATTACH VOIDED CHECK OR SHARE DRAFT FOR A CHECKING ACCOUNT OR ATTACH A DEPOSIT SLIP FOR A SAVINGS OR OTHER DEMAND ACCOUNT.

If your financial institution does not use the account information on the check or deposit slip for ACH routing purposes, clearly print the correct routing and account numbers for ACH debits on the face of the voided check or deposit slip. (Your financial institution can provide this information.)

SAVINGS BONDS REGISTRATION

_____-_____-_____
 SOCIAL SECURITY NUMBER

 BOND OWNER (FIRST, MI, LAST)

 ADDRESS WHERE BONDS ARE TO BE MAILED, IF DIFFERENT FROM ABOVE

 NUMBER AND STREET, RURAL ROUTE, OR POST OFFICE BOX

_____-_____-_____
 CITY OR TOWN STATE

_____-_____-_____
 ZIP CODE

CO-OWNER OR BENEFICIARY

 NAME (FIRST, MI, LAST)

Customer Account Entry			FEDERAL RESERVE BANK USE - CO ID 520904			Bond Schedule Entry		

SERIES EE	PURCHASE DAY	PURCHASE MONTH												
		EVERY MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DENOMINATION — PURCHASE PRICE		(FOR EACH MONTH OF PURCHASE, INDICATE BELOW THE NUMBER OF BONDS TO BE ISSUED. SEE EXAMPLE.)												
	\$50 — \$25.00													
	\$75 — \$37.50													
	\$100 — \$50.00													
	\$200 — \$100.00													
	\$500 — \$250.00													
	\$1,000 — \$500.00													
TOTAL ANNUAL PURCHASE - FULL FACE VALUE \$ _____		(PURCHASE PRICE IS 1/2 OF FULL FACE VALUE)												

SERIES EE
PURCHASE
SCHEDULE

Bonds purchased at *half* face value.

SERIES I
PURCHASE
SCHEDULE

Bonds purchased at *full* face value.

SERIES I	PURCHASE DAY	PURCHASE MONTH												
		EVERY MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DENOMINATION — PURCHASE PRICE		(FOR EACH MONTH OF PURCHASE, INDICATE BELOW THE NUMBER OF BONDS TO BE ISSUED. SEE EXAMPLE.)												
	\$50 — \$50.00													
	\$75 — \$75.00													
	\$100 — \$100.00													
	\$200 — \$200.00													
	\$500 — \$500.00													
	\$1,000 — \$1,000.00													
TOTAL ANNUAL PURCHASE - FULL FACE VALUE \$ _____		(PURCHASE PRICE IS PAR OR FULL FACE VALUE)												

Instructions for U.S. Savings Bonds EasySaver™ Plan Enrollment Form

Complete This Form To Enroll In U.S. Savings Bonds EasySaver. By Doing So, You Agree To Purchase Bonds At Least Two Times A Year For Each Registration. To Buy Other Bonds In Different Name(s), You Need To Complete Additional Form(s).

To Change, Suspend, Or Cancel Your Account, Contact Us At Least 3 Weeks Prior To The Next Scheduled Debit.
 Note: Some Accounts Cannot Be Debited Through ACH — Please Check With Your Financial Institution Before Completing This Authorization To Debit Your Account.

1. ACCOUNT OWNER SOCIAL SECURITY NUMBER, & NAME:

The Social Security number and name of the account owner whose financial account will be debited.

ADDRESS: The address of the account owner.

PHONE: Please provide a daytime telephone number where you may be reached Monday through Friday.

SIGNATURE: The enrollment form must be signed and dated. If this is a joint account requiring both owners' signatures, both must sign and date this authorization form.

2. FINANCIAL INSTITUTION INFORMATION:

ATTACH VOIDED CHECK OR SHARE DRAFT FOR A CHECKING ACCOUNT OR ATTACH A DEPOSIT SLIP FOR A SAVINGS OR OTHER DEMAND ACCOUNT.

If your financial institution does not use the account information on the check or deposit slip for ACH routing purposes, clearly print the correct routing and account numbers for ACH debits on the face of the voided check or deposit slip. (Your financial institution can provide this information.)

3. SAVINGS BOND REGISTRATION:

SOCIAL SECURITY NUMBER: The Social Security account number of the bond owner. If a gift bond and the owner's Social Security number is unavailable, you may use the purchaser's number.

BOND OWNER: The full name of the owner or first-named co-owner. Bonds may be issued in the name of adults or minors.

ADDRESS: The address where the bonds will be delivered if not to be mailed to the address shown in Section 1.

CO-OWNER or BENEFICIARY:

If you would like to name a co-owner or beneficiary, check the appropriate box to indicate the form of registration and print the person's name. Co-ownership will be assumed if neither or if both blocks are checked.

4. PURCHASE SCHEDULE FOR SERIES EE OR SERIES I:

You must schedule at least two debits on this form. To buy the same bonds every month, complete the "EVERY MONTH" column with the purchase date in the "PURCHASE DAY" block, and the number of bonds in the denomination block(s); leave the "PURCHASE MONTH" section blank. For purchases in specific months, show the purchase date in the "PURCHASE DAY" block under the desired month of purchase, and indicate the number of bonds in the appropriate denomination block(s). Show the total dollar amount (full face value) of the bonds to be purchased in the first twelve (12) months in the block TOTAL ANNUAL PURCHASE.

EXAMPLE: For funds deducted from your account on the 20th of the month to buy a \$100 EE bond in February, May, and July, complete as shown in EXAMPLE.

SERIES EE	PURCHASE MONTH										
	EVERY MONTH	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
PURCHASE DAY			20			20		20			
DENOMINATION — PURCHASE PRICE	(FOR EACH MONTH OF PURCHASE, INDICATE BELOW THE NUMBER OF BONDS)										
\$50 — \$25.00											
\$75 — \$37.50											
\$100 — \$50.00			1			1		1			
\$200 — \$100.00											
\$500 — \$250.00											
\$1,000 — \$500.00											
TOTAL ANNUAL PURCHASE — FULL FACE VALUE \$						300					

KEEP A COPY OF THIS ENROLLMENT FORM FOR YOUR RECORDS AND MAIL THE COMPLETED FORM TO:

U.S. Savings Bonds EasySaver Plan
 P.O. Box 85003
 Richmond VA 23285-5003

For assistance in completing this form,
 call 1-804-697-8959 (a toll call.)

This form may be photocopied.

The collection of 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 purpose for requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, and identify owners. 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 that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB Control Number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328 and the Office of Management and Budget, Paperwork Reduction Project, 1535-0129, Washington, DC 20503.