

# Certificate of Identity



**IMPORTANT:** Follow instructions in filling out this form. Making any false, fictitious, or fraudulent claim or statement to the United States is a crime and may be prosecuted. Print in ink or type all information.

**Signature – A person who is not named on the securities and who has no interest in the securities must sign this form in the presence of a certifying officer.**

## Affidavit

I certify the names of \_\_\_\_\_ and \_\_\_\_\_  
 refer to the same person, whose correct name is \_\_\_\_\_.

The names are different because \_\_\_\_\_.

The source of my knowledge is: \_\_\_\_\_.

Is there now or was there during \_\_\_\_\_ any other person known to you by either or any  
 (Date or Period of Time)

of these names? ☒ Yes ☒ No If Yes, please explain: \_\_\_\_\_.

**Sign Here:** \_\_\_\_\_ (Daytime Telephone number)

\_\_\_\_\_ (Mailing Address) \_\_\_\_\_ (E-mail Address)

### Instructions to Certifying Officer:

1. Name of the disinterested person(s) who appeared and date of appearance **MUST** be completed.
2. If a Medallion stamp is used, an original signature is required. 3. Person(s) must sign in your presence.

I CERTIFY that \_\_\_\_\_, whose identity(ies)  
 (Name(s) of Disinterested Person(s) Who Appeared)

is/are known or proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_  
 (Month/Year)

at \_\_\_\_\_ and signed this form.  
 (City, State)

\_\_\_\_\_  
 (Signature and Title of Certifying Officer)

\_\_\_\_\_  
 (Name of Financial Institution)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City, State, ZIP code)

\_\_\_\_\_  
 (Telephone)

(OFFICIAL STAMP  
OR SEAL)

(Notary certification is NOT acceptable.)

**A person who has NO interest in the securities must complete and sign this form, confirming the individual's identity.**

**WHERE TO SEND** – Send this form and any additional information to Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150.

**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.

Acceptable seals and stamps:

- The financial institution's official seal or stamp, including: Signature Guaranteed seal or stamp; Endorsement Guaranteed seal or stamp; Corporate seal or stamp (a corporate resolution isn't required); or Issuing or paying agent seal or stamp (including name, location, and four-digit identification number or nine-digit routing number).
- The seal or stamp of Treasury-recognized Signature Guarantee Programs or other Treasury-approved Medallion Programs.

**Sample** certification for a financial institution:

SIGNATURE GUARANTEED

ABC National Bank

Hillview Branch



Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED

MEDALLION GUARANTEED

Generic Brokerage

Authorized Signature

XXXXXXXXXX

SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

[Bar Code]

**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 Fiscal Service 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, the Fiscal Service 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. 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 Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to this address; send to the correct address shown in **"WHERE TO SEND."**