FS Form 1025 Department of the Treasury Bureau of the Fiscal Service (Revised March 2018)

CLAIM FOR LOST, STOLEN, OR DESTROYED UNITED STATES REGISTERED SECURITIES

OMB No. 1530-0029

Case No.

1 Describe the securities in the s				
1. Describe the securities in the s TITLE OF SECURITY (Identify by interest rate, title, call	SERIAL NUMBER	FACE AMOUNT	REGISTRATION	
and maturity dates)	SERIAL NUMBER	FACE AMOUNT	(Exact inscription on each security)	
(If you need n	nore space to describe your	securities, use the c	ontinuation sheet on page 3.)	
TAXPAYER IDENTIFYING NUMBER:			DR	
	(Social Security I	Number)	(Employer Identification Number)	
Were the securities ever assigned If Yes, to whom? (Give name, add		ed in any manner?	Yes No	
If Yes, to whom? (Give name, add		ed in any manner?	Yes No	
Were the securities: • Lost? Yes No		ed in any manner?	Yes No	
If Yes, to whom? (Give name, add Were the securities: • Lost? Yes No • Stolen? Yes No	dress, and other details.)		Yes No	
If Yes, to whom? (Give name, add Were the securities: • Lost? Yes No • Stolen? Yes No Date of theft: Was a police rep	dress, and other details.)		ch a copy of the report.	
If Yes, to whom? (Give name, add Were the securities: • Lost? Yes No • Stolen? Yes No Date of theft: Was a police rep	dress, and other details.)	o⊡ If Yes, atta	ch a copy of the report.	
If Yes, to whom? (Give name, add Were the securities: • Lost? Yes No • Stolen? Yes No Date of theft: Was a police ref • Destroyed? Yes No	dress, and other details.)	D If Yes, atta aining pieces with a	ch a copy of the report.	
If Yes, to whom? (Give name, add Were the securities: • Lost? Yes No • Stolen? Yes No Date of theft: Was a police re • Destroyed? Yes N • When was the loss discover	dress, and other details.)	D If Yes, atta aining pieces with t	ch a copy of the report.	
If Yes, to whom? (Give name, add Were the securities: • Lost? Yes No • Stolen? Yes No Date of theft: Was a police rep • Destroyed? Yes No • When was the loss discover • Who had the securities last,	dress, and other details.) port filed? Yes N lo (Send any remainded) red? and why? urities?	D If Yes, atta aining pieces with a	ch a copy of the report. this form.)	
If Yes, to whom? (Give name, add Were the securities: • Lost? Yes No • Stolen? Yes No Date of theft: Was a police rep • Destroyed? Yes No • When was the loss discover • Who had the securities last, • Who had access to the secu	dress, and other details.) port filed? Yes N o (Send any rema red? and why? urities? ast placed?	D If Yes, atta aining pieces with a	ch a copy of the report. this form.)	
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• Tell us the names of any other persons having knowledge of the loss.

5. If you have been appointed legal representative (see Item 5 in the Instructions):

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- What is your legal capacity?
- Are you court-appointed? Yes No
 6. If a minor is named on the securities:

 What is his/her age?
 What is his/her social security number?

 What is your relationship to the minor?

7. We severally petition the Secretary of the Treasury for relief as authorized by law, and if relief is granted, acknowledge that the original securities become the property of the United States. Upon the granting of relief, we assign all our right, title, and interest in the original securities to the United States and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally: (1) to surrender the original securities to the Department of the Treasury if they are recovered; (2) to hold the United States harmless due to 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 to repay to the Department of the Treasury all sums of money which the Department may pay due to the redemption of these original securities, including any interest, administrative costs and penalties, and any other liability or losses incurred as a result of the redemption. We consent to the release of any information contained in this form or regarding the securities described to any party having an ownership or entitlement interest in these securities.

We certify under penalty of perjury and severally affirm and say that the securities described on this form have been lost, stolen, or destroyed and that the information given is true to the best of our knowledge and belief.

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YOL	i must wait until yo	ou are in the presei	nce of a certifying office	r to sign this for	n.
Sign here:			Sign here:		
(Signature) (Number and Street or Rural Route)		(Signature)			
		(Number and Street or Rural Route)			
(City)	(State)	(ZIP Code)	(City)	(State)	(ZIP Code)
(Social Security Numb	er) OR (Employer I	dentification Number)	(Social Security Numbe	er) OR (Employer	Identification Number)
(Daytime Telephone Number)		(Daytime Telephone Number)			
(E-Mail Address)			(E-Mail Address)		
Certifying Officer	– The individuals mu	ıst sign in your prese	ence. Complete the certific	cation and affix you	ır stamp or seal.
I CERTIFY that			I CERTIFY that		
whose identity is know	wn or was proven to	me, personally	whose identity is known	n or was proven to	me, personally
appeared before me this	s day of	3	appeared before me this	day of	· · · · · · · · · · · · · · · · · · ·
					(Month)
, at	(City)	(State)	, at	(City)	(State)
and signed this form.			and signed this form.		
_	(Signature of Cert	lifying Officer)	_	(Signature of Cer	tifying Officer)
(OFFICIAL STAMP			(OFFICIAL STAMP		
OR SEAL)	(Title of Certify	ing Officer)	OR SEAL)	(Title of Certify	ing Officer)
_	(Addre	ss)	-	(Addre	ss)
(OFFICIAL STAMP OR SEAL)			(OFFICIAL STAMP OR SEAL)		

Continuation of description of securities in Item 1:

Continuation of description of s TITLE OF SECURITY (Identify by interest rate, title, call and maturity dates)	SERIAL NUMBER	FACE AMOUNT	REGISTRATION (Exact inscription on each security)
		-	
			on sheet and attach it to the form.)

(If you need more space to describe your securities, use a continuation sheet and attach it to the form.)

INSTRUCTIONS

USE OF FORM – Do not use this form for United States Savings Bonds, Retirement Plan Bonds, or Individual Retirement Bonds.

Use this form to apply for relief on account of loss, theft, or destruction of United States registered securities and registered securities for which the Treasury Department acts as transfer agent. A bond of indemnity will ordinarily be required for transferable securities but only on a form that will be provided, when necessary. The Secretary of the Treasury reserves the right to require additional evidence in any particular case.

COMPLETION OF FORM – Print clearly in ink or type all information requested. If more space is needed for any item, use a continuation sheet of paper and attach it to this form.

- **ITEM 1.** Describe the securities. Provide as much information as possible. Show the owner's social security number or the employer identification number, if one has been assigned.
- **ITEM 2.** Tell us if you are the owner of the securities by marking the appropriate box. If you are not the owner, tell us the capacity in which you are acting. If you have been appointed legal representative, see Item 5 for further information and/or evidence required to support your application.
- **ITEM 3.** Tell us if the securities have ever been assigned, endorsed, or transferred by marking the appropriate box. If so, furnish the name, address, and any other details regarding the person to whom the securities were assigned, endorsed, or transferred.
- **ITEM 4.** Check each box that applies. Provide complete details regarding the loss, theft, or destruction of the securities. If another person had possession of the securities or knowledge of the circumstances of the loss, that person must provide a separate statement explaining the circumstances.
- **ITEM 5.** If you were appointed as legal representative because:
 - the owner is deceased (with no surviving coowner or beneficiary named on the securities), or
 - the owner or coowner is a minor, or
 - the owner or coowner is incapacitated,

complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal, showing the appointment is still in full force.

- If your name and official capacity are shown in the registration of the securities, evidence of your appointment is **not** necessary.
- If no legal representative has been appointed for a deceased or incompetent owner, advise the Bureau of the Fiscal Service and additional instructions will be provided.
- **ITEM 6.** If a minor is named on the securities, show the minor's age and social security number, and tell us your relationship to the minor.
- **ITEM 7.** Sign the form in ink, print your name, and provide your address, daytime telephone number, and e-mail address, if applicable. Your signature must be certified (see **CERTIFICATION** below).

CERTIFICATION – You must appear before and establish identification to the satisfaction of an authorized certifying officer or other officer authorized by law to administer oaths and sign the form in the presence of the officer. The certifying officer must complete the certification forms provided and affix the seal or stamp 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 Circular No. 300, current revision, 31 CFR 306.

WHERE TO SEND – Send the completed form, and any additional information or evidence, to Treasury Retail Securities Site, PO Box 9150, Minneapolis, MN 55480-9150.

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 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 it will take you about 55 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 the above address; send to the correct address shown in "WHERE TO SEND" in the Instructions.**