

Report/Application for Relief on Account of Loss, Theft, or Destruction of United States Bearer Securities (Organizations)



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

1. Describe the securities in the spaces below.

TITLE OF SECURITY <small>(Identify by interest rate, title, call and maturity dates)</small>	SERIAL NUMBER	FACE AMOUNT	DATE ACQUIRED <small>(mm/dd/yyyy)</small>

(If you need more space to describe your securities, use the continuation sheet on page 3.)

TAXPAYER IDENTIFICATION NUMBER: _____ OR _____
(Social Security Number) (Employer Identification Number)

2. My name and title are: _____ , _____
(Name) (Title)

The complete name of the organization I represent is: _____
(Name of Organization)

The organization is: a corporation organized under the laws of _____
 a partnership.

The organization's principal office is at: _____
(Street and Number or Rural Route) (City) (State) (ZIP Code)

3. Is your organization the sole owner? Yes No

If Yes, from whom were the securities acquired?

(Name) (Street and Number or Rural Route) (City) (State) (ZIP Code)

If No, in what capacity is your organization acting and what is the owner's name and address?

(Capacity)

(Name) (Street and Number or Rural Route) (City) (State) (ZIP Code)

4. Has your organization reimbursed the owner (wholly or in part) for the securities? Yes No

If Yes, furnish the amount of the reimbursement: \$ _____

Provide details of the reimbursement: _____
(Circumstances)

(Name of Payee) (Street and Number or Rural Route) (City) (State) (ZIP Code)

5. Has your organization been reimbursed for the loss (or does it expect to be)? Yes No

If Yes, furnish the amount of the reimbursement: \$ _____ .

Provide details of the reimbursement: _____
(Circumstances)

Provide the name and address of the payer: _____
(Name of Payer) (Street and Number or Rural Route) (City) (State) (ZIP Code)

6. Were the securities:

- Lost? Yes No
- Stolen? Yes No Date of theft: _____
Was a police report filed? Yes No **If Yes, attach a copy of the report.**
- Destroyed? Yes No **(Send any remaining pieces with this form.)**
- When was the loss discovered? _____
- Who had the securities last, and why? _____
- Who had access to the securities? _____
- Where were the securities last placed? _____
- When were the securities last seen? _____
- What have you done to recover the securities? _____
- Tell us the names of any other persons having knowledge of the loss. _____

7. The undersigned owner or organization acting on behalf of the owner requests that the Secretary of the Treasury grant 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.

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

(Exact name of Organization)

By: _____ (Signature on behalf of Organization) _____ (Print Name and Title of Officer)

Officer's Home Address: _____ (Number and Street or Rural Route) _____ (E-Mail Address)

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

Certifying Officer – The individual must sign in your presence. Complete the certification and affix your stamp or seal.

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

(OFFICIAL STAMP OR SEAL)

(Signature and title of certifying officer)

(Number and street or rural route)

(City) (State) (ZIP Code)

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 bearer securities owned by or in the custody of an organization at the time of the loss. A bond of indemnity will ordinarily be required, 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 plain 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.** You must be an officer or a general partner to execute the application on behalf of your organization. Provide your complete name and your official title. Check the box to indicate if your organization is a corporation (indicate where the organization is incorporated) or a partnership. Provide the address of your organization's principal office. If your organization is a corporation, complete a *Certificate of Incumbency of Officers* on FS Form 1014.
- ITEM 3.** Tell us if your organization is the owner of the securities by marking the appropriate box.
- If your organization is the owner, provide the name and address of the person from whom the securities were acquired.
 - If your organization is not the owner, tell us in what capacity your organization is acting; for example, state if your organization is a broker acting on behalf of the owner. Insert the owner's complete name and address in the spaces provided.
- ITEM 4.** Check the appropriate box to show if your organization has reimbursed the owner, wholly or in part, for the securities. If the answer is Yes, show the amount of the reimbursement, give details regarding the circumstances, and provide the payee's name and address.
- ITEM 5.** Show the total amount of reimbursement received or expected by your organization from any source. Give the exact names of any insurance companies, rather than the names of agents. Provide any other appropriate details and furnish the payer's name and address.
- ITEM 6.** 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 on FS Form 2243, Supplemental Statement for United States Securities, explaining the circumstances.
- ITEM 7.** Show the name of your organization, sign the form in ink, print your name and title, and provide your complete home address, daytime telephone number, and e-mail address, if applicable. Imprint your organization's seal in the space provided or indicate that your organization does not have a seal.

CERTIFICATION – You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the officer's presence. The certifying officer must complete the certification form and 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 Circular No. 300, 31 CFR 306.

WHERE TO SEND – Send the completed form, and any additional information or evidence, to the 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" above.**