

For official use only:

Customer Name

Case Number

FS Form 5394
Department of the Treasury
Bureau of the Fiscal Service
(Revised March 2016)

OMB No. 1530-0046

**AGREEMENT AND REQUEST FOR DISPOSITION
OF A DECEDENT'S TREASURY SECURITIES**

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 that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

USE OF FORM – Use this form to request disposition of United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, FRNs, Savings Bonds, and Savings Notes) and/or related payments belonging to a decedent's estate, but only under one of the circumstances described in the instructions.

NOTE: When we reissue a Series EE or Series I savings bond, we no longer provide a paper bond. The reissued bond is in electronic form, in our online system TreasuryDirect. For information on opening an account in TreasuryDirect, go to www.treasurydirect.gov.

PART A – DECEDENT'S INFORMATION

Provide the information below and submit certified copies of the death certificates for all deceased registrants.

(NAME OF DECEASED OWNER - If more than one person named on the securities, the person who died last)

(Decedent's Social Security Number)

(State of Legal Residence)

PART B – CIRCUMSTANCES OF REQUEST

Mark the appropriate box to indicate the circumstances under which you are using this form. See Part B of the instructions for evidence requirements.

1. This request is made in connection with an estate that has been administered, the legal representative discharged, and the estate closed. **Evidence – A certified copy of the final account or decree of distribution.**
2. This request is made in connection with an estate that is being settled in accordance with State statute (for example: Summary Administration, Small Estates Act, Texas Muniment of Title, or Louisiana Judgment of Possession). **Evidence – Submit evidence in accordance with state law or statute.**

PART C – PERSONS ENTITLED

Complete this Part to show all persons entitled to the securities and/or related payments.

1. List the persons entitled to the securities and/or payments (according to the supporting evidence):

Name	Basis of Entitlement	Age (if under 21)

2. List persons from Item 1 who are under legal disability (if any):

Name	Legal Disability	Name and Address of Representative	Capacity

PART D – DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED

We are the person(s) entitled to the decedent's estate and request and agree to distribution of the decedent's securities and/or payments as follows.

1. Distribute to: _____
(Name of Entitled Person)

_____ OR _____
(Social Security Number) (Employer Identification Number)

2. Description of securities and/or payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution: In full

(Amount, Fractional Share, or Percentage)

4. Type of distribution:

NOTE: Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part D (see following pages) for each different registration or type of distribution desired.

<p>Savings Bonds or Notes (paper) (Series A-D, E, F, G, H, HH, J, K)</p> <p><input type="checkbox"/> Payment (must be by direct deposit)</p> <p>Series HH Savings Bonds (paper)</p> <p><input type="checkbox"/> Reissue in single-owner form</p> <p><input type="checkbox"/> Reissue with a coowner *</p> <p><input type="checkbox"/> Reissue with a beneficiary *</p> <p>Note: Savings bonds within one month of final maturity cannot be reissued.</p> <p>* Name of coowner or beneficiary: _____</p>	<p>Savings Bonds (paper & electronic) (Series EE and Series I)</p> <p><input type="checkbox"/> Payment (must be by direct deposit)</p> <p><input type="checkbox"/> Reissue to TreasuryDirect® Account Number _____</p> <p><input type="checkbox"/> Transfer to TreasuryDirect Account Number _____</p> <p>NOTE: Savings bonds within one month of final maturity cannot be reissued.</p> <p>Treasury Bills, Notes, Bonds, TIPS, FRNs (paper or electronic)</p> <p><input type="checkbox"/> Transfer unmaturred securities to this Treasury Direct or *Legacy Treasury Direct account number: _____</p> <p><input type="checkbox"/> Transfer unmaturred securities to a financial institution, broker, or dealer</p> <p><input type="checkbox"/> *Payment of the maturred paper security--by check (not for savings bonds)</p> <p><input type="checkbox"/> Payment of the maturred electronic security--by direct deposit</p> <p>*NOT available for FRNs</p>
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5. Mailing address: _____

6. E-mail address: _____

7. Direct-deposit funds as authorized below:

_____ (Name/Names on the Account)
_____ (Depositor's Account No.)
Bank Routing No.: _____
_____ (Financial Institution's Name) _____ (Phone No.)
Type of Account: Checking Savings

PART D – DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED *(Continued)*

1. Distribute to: _____
 (Name of Entitled Person)

_____ OR _____
 (Social Security Number) (Employer Identification Number)

2. Description of securities and/or payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution: In full

 (Amount, Fractional Share, or Percentage)

4. Type of distribution:

NOTE: Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part D for each different registration or type of distribution desired.

<p>Savings Bonds or Notes (paper) (Series A-D, E, F, G, H, HH, J, K)</p> <p><input type="checkbox"/> Payment (must be by direct deposit)</p> <p>Series HH Savings Bonds (paper)</p> <p><input type="checkbox"/> Reissue in single-owner form</p> <p><input type="checkbox"/> Reissue with a coowner *</p> <p><input type="checkbox"/> Reissue with a beneficiary *</p> <p>Note: Savings bonds within one month of final maturity cannot be reissued.</p> <p>* Name of coowner or beneficiary: _____</p>	<p>Savings Bonds (paper & electronic) (Series EE and Series I)</p> <p><input type="checkbox"/> Payment (must be by direct deposit)</p> <p><input type="checkbox"/> Reissue to TreasuryDirect® Account Number _____</p> <p><input type="checkbox"/> Transfer to TreasuryDirect Account Number _____</p> <p>NOTE: Savings bonds within one month of final maturity cannot be reissued.</p> <p>Treasury Bills, Notes, Bonds, TIPS, FRNs (paper or electronic)</p> <p><input type="checkbox"/> Transfer unmatured securities to this Treasury Direct or *Legacy Treasury Direct account number: _____</p> <p><input type="checkbox"/> Transfer unmatured securities to a financial institution, broker, or dealer</p> <p><input type="checkbox"/> *Payment of the matured paper security--by check (not for savings bonds)</p> <p><input type="checkbox"/> Payment of the matured electronic security--by direct deposit</p> <p>*NOT available for FRNs</p>
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5. Mailing address: _____

6. E-mail address: _____

7. Direct-deposit funds as authorized below:

_____ (Name/Names on the Account)

_____ (Depositor's Account No.)

Bank Routing No.: _____

_____ (Financial Institution's Name)

Type of Account: Checking Savings

_____ (Phone No.)

PART D – DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED (Continued)

1. Distribute to: _____
 (Name of Entitled Person)

 (Social Security Number) OR _____
 (Employer Identification Number)

2. Description of securities and/or payments:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION

3. Extent of distribution: In full

 (Amount, Fractional Share, or Percentage)

4. Type of distribution:

NOTE: Choose the option for the particular type of security involved; securities can't be transferred from one type to another. Complete a separate Part D for each different registration or type of distribution desired.

<p>Savings Bonds or Notes (paper) (Series A-D, E, F, G, H, HH, J, K)</p> <p><input type="checkbox"/> Payment (must be by direct deposit)</p> <p>Series HH Savings Bonds (paper)</p> <p><input type="checkbox"/> Reissue in single-owner form</p> <p><input type="checkbox"/> Reissue with a coowner *</p> <p><input type="checkbox"/> Reissue with a beneficiary *</p> <p>Note: Savings bonds within one month of final maturity cannot be reissued.</p> <p>* Name of coowner or beneficiary: _____</p>	<p>Savings Bonds (paper & electronic) (Series EE and Series I)</p> <p><input type="checkbox"/> Payment (must be by direct deposit)</p> <p><input type="checkbox"/> Reissue to TreasuryDirect® Account Number _____</p> <p><input type="checkbox"/> Transfer to TreasuryDirect Account Number _____</p> <p>NOTE: Savings bonds within one month of final maturity cannot be reissued.</p> <hr/> <p>Treasury Bills, Notes, Bonds, TIPS, FRNs (paper or electronic)</p> <p><input type="checkbox"/> Transfer unmatured securities to this Treasury Direct or *Legacy TreasuryDirect account number: _____</p> <p><input type="checkbox"/> Transfer unmatured securities to a financial institution, broker, or dealer</p> <p><input type="checkbox"/> *Payment of the matured paper security--by check (not for savings bonds)</p> <p><input type="checkbox"/> Payment of the matured electronic security--by direct deposit</p> <p>*NOT available for FRNs</p>
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5. Mailing address: _____

6. E-mail address: _____

7. Direct-deposit funds as authorized below:

_____ (Name/Names on the Account)
 _____ (Depositor's Account No.)
 Bank Routing No.: _____
 _____ (Financial Institution's Name) _____ (Phone No.)
 Type of Account: Checking Savings

PART E - SIGNATURES AND CERTIFICATIONS

The undersigned certify under penalty of perjury that the information provided herein is true and correct to the best of our knowledge and belief and agree to distribution of the securities as indicated in Part D. We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or payments.

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

Sign Here: ⇒ _____
(Applicant's Signature) (Daytime Telephone Number)

Address: _____
(Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: _____

Sign Here: ⇒ _____
(Applicant's Signature) (Daytime Telephone Number)

Address: _____
(Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: _____

Sign Here: ⇒ _____
(Applicant's Signature) (Daytime Telephone Number)

Address: _____
(Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: _____

Sign Here: ⇒ _____
(Applicant's Signature) (Daytime Telephone Number)

Address: _____
(Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: _____

Sign Here: ⇒ _____
(Applicant's Signature) (Daytime Telephone Number)

Address: _____
(Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

E-Mail Address: _____

Person to contact if additional information is necessary: _____
(Name)

(Daytime Phone Number) (E-mail Address)

Instructions to Certifying Individual:

1. Name of person(s) who appeared and date of appearance **MUST** be completed.
2. Medallion stamps require an original signature.
3. Person(s) must sign in your presence. **NOTE: For more than three signatures, use the next page too.**

I CERTIFY that _____, whose identity is known or was
(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 Individual)

(Name of Financial Institution)

(Address)

(City / State / ZIP Code)

(Telephone)

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.**

(Notary certification is NOT acceptable.)

I CERTIFY that _____, whose identity is known or was
(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 Individual)

(Name of Financial Institution)

(Address)

(City / State / ZIP Code)

(Telephone)

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.**

(Notary certification is NOT acceptable.)

I CERTIFY that _____, whose identity is known or was
(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 Individual)

(Name of Financial Institution)

(Address)

(City / State / ZIP Code)

(Telephone)

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.**

(Notary certification is NOT acceptable.)

I CERTIFY that _____, whose identity is known or was
(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.**

(Notary certification is NOT acceptable.)

(Signature and Title of Certifying Individual)

(Name of Financial Institution)

(Address)

(City / State / ZIP Code)

(Telephone)

I CERTIFY that _____, whose identity is known or was
(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.**

(Notary certification is NOT acceptable.)

(Signature and Title of Certifying Individual)

(Name of Financial Institution)

(Address)

(City / State / ZIP Code)

(Telephone)

INSTRUCTIONS

USE OF FORM – Use this form to request disposition of United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, Savings Bonds, and Savings Notes) and/or related payments belonging to a decedent's estate, under either of the following circumstances:

- The estate was formally administered through the court and has been closed.
- The estate is being settled in accordance with State statute such as Summary Administration, Small Estates Acts, Texas Muniment of Title, Louisiana Judgment of Possession, etc., without the necessity of the court appointing an administrator, executor, or similar legal representative.

ATTACHMENTS – If you need more space for any item, use a plain sheet of paper or make a photocopy of the relevant section, and attach to the form.

PART A – DECEDENT'S INFORMATION

Provide the requested information regarding the decedent. If more than one deceased person is named on the securities, provide the information for the person who died last.

Insert the following information: the decedent's name, the decedent's Social Security Number, the state of the decedent's last legal residence

Submit certified copies of the death certificates for all deceased registrants.

PART B – CIRCUMSTANCES OF REQUEST

Mark the appropriate box to indicate the circumstances under which you are using this form.

- **Mark box 1 if the estate has been settled through court proceedings and the legal representative is no longer acting.**
- **Mark box 2 if the estate is being settled in accordance with State statute** (for example: Summary Administration, Small Estates Act, Texas Muniment of Title, or Louisiana Judgment of Possession).

Evidence Requirements:

If the estate is closed, submit a certified copy under court seal of the final account or decree of distribution, if any.

If the estate is being settled in accordance with State statute, submit the original or a copy, certified under court seal (if filed with the court), of the evidence making distribution of the securities and/or payments or establishing your authority to collect the proceeds of the estate in accordance with the State law or statute.

PART C – PERSONS ENTITLED

List all persons entitled to collect the securities and/or payments through the decedent's estate, as established in the supporting evidence.

1. Show each entitled person's name, the basis of his or her entitlement (i.e., "legatee," "surviving spouse," etc.), and, if he or she is under 21, his or her age.
2. Show any of the persons listed in Item 1 who are under a legal disability. In the space for "Legal Disability," enter the nature of the disability, such as the individual is an "incapacitated person." If the court appointed a legal representative, show the legal representative's name and address. In the space for "Capacity," enter the official title or description of the representative acting, for example, "legal guardian" or "conservator." The representative must submit a certified copy under court seal of the letters of appointment dated within one year of submission.

PART D – DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED

1. Enter the name of only one entitled person in each Part D, Item 1. (A separate Part D must be completed for each person entitled and each type of distribution desired.) Enter the appropriate Social Security or Employer Identification Number.
2. Describe only the securities or checks to which the person shown in Item 1 is entitled, in whole or in part:
 - **TITLE OF SECURITY** – Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate. If describing a check, insert the word "check."
 - **ISSUE DATE** – Provide the issue date of each security or check.
 - **FACE AMOUNT** – Provide the face amount (par or denomination) of each security or check.
 - **IDENTIFYING NUMBER** (if applicable) – Provide the serial number of each security, the confirmation number, or the check number.
 - **REGISTRATION** – Provide the registration of each security, check, or account; also provide the account number, if any.

Note: If the Taxpayer Identification Number is included in the registration but is masked (i.e. ***-**-1234), please be sure to provide the entire number.

EXAMPLES:

TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
<i>Paper Marketable Security</i> 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	Serial # 123	JOHN DOE AND BOB DOE SSN 222-22-2222
<i>Electronic Marketable Security</i> CUSIP 912795QW4	2/5/04	\$1,000		ACCT # 4800-123-1234 JIM DOE SSN 222-22-2222
<i>Electronic Series I Savings Bond</i> SERIES I	1/1/02	\$100	Confirmation # 12345	ACCT # N-111-111-111 BOB SMITH
<i>Paper Series EE Savings Bond</i> SERIES EE	7/99	\$100	Serial # C-123,456,789-EE	SSN 222-22-2222 BILL SMITH OR JANE SMITH
<i>Check</i> CHECK	7/26/04	\$351.02	Check # 502123456	JIM SMITH

⇒ If unsure what to provide in each of the areas, furnish in the space for "REGISTRATION" all information shown on the face of the security or check.

3. Mark the block "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks described in Item 2. If the person listed in Item 1 is not to receive the entire value, mark the second block and provide the amount, fractional share, or percentage to which he or she is entitled.
4. Check the appropriate block indicating type of distribution for the particular type of security involved. Securities can't be transferred from one type to another. Eligible securities can be transferred within Legacy Treasury Direct, but not into Legacy Treasury Direct from outside Legacy Treasury Direct. Provide account numbers, if any.
 - Provide a separate Part D for each different registration or type of distribution desired.
 - In certain circumstances, we may need to request additional forms and/or information in order to complete the requested action. In this event, we will provide any additional forms and/or instructions.
 - Reissue or transfer (when applicable) isn't an option if there is not sufficient time to process the transaction before the security matures. If we are unable to process a reissue or transfer request before the security matures, payment will be issued. All Saving Bonds of Series A, B, C, D, E, F, G, H, J, and K, and all Savings Notes, have reached final maturity.
 - Any interest that is due or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.
5. Provide your mailing address.
6. Provide your e-mail address.
7. Provide information on the bank account where the payment is to be direct-deposited. All persons requesting payment must sign in Part E of this form. If payment is to be deposited to a bank account in the name of a different person, then that person or his or her representative, who can authorize such a deposit, must also sign in Part E.

PART E – SIGNATURES AND CERTIFICATIONS

SIGNATURES – The application must be signed in ink by:

- All competent persons listed in Part C, Item 1, and Part D, Item 1.
- The legal guardian or similar representative of the estate of any person under legal disability listed in Part C, Item 2, or Part D, Item 1; and
- A parent on behalf of any minor listed in Part C, Item 1, or Part D, Item 1.

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying individual. The signatures to the form must be signed in the certifying individual's presence. The certifying individual must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying individuals are available at most banking institutions, including credit unions.

ADDITIONAL EVIDENCE – The Commissioner of the Fiscal Service, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence.

WHERE TO SEND – Send this form, **all securities and/or related checks**, and any necessary evidence to the Treasury Retail Securities Site, using the appropriate address below.

- H or HH Savings Bonds: PO Box 2186, Minneapolis, MN 55480-2186
- E, EE, or I Savings Bonds—paper: PO Box 214, Minneapolis, MN 55480-0214
- E, EE, or I Savings Bonds—electronic: PO Box 7015, Minneapolis, MN 55480-7015
- Treasury Bills, Notes, Bonds, or TIPS: PO Box 9150, Minneapolis, MN 55480-9150

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 it will take you about 30 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 your completed form to this address; send it to the appropriate address in "WHERE TO SEND" in the Instructions.**