

For official use only:  
Customer Name

Customer No.

PD F 1010  
Department of the Treasury  
Bureau of the Fiscal Service  
(Revised January 2014)

OMB 1535-0117

## RESOLUTION FOR TRANSACTIONS INVOLVING TREASURY SECURITIES

[www.treasurydirect.gov](http://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.**

### 1. RESOLUTION

List the name(s) of individuals presently duly qualified and acting on behalf of the organization.

Resolved that:

\_\_\_\_\_  
Name(s) and Title(s) of Authorized Individual(s)

is/are authorized to perform any and all transactions relating to United States Treasury Securities held in the name of

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Taxpayer ID No./Account No.

either in its own right or in a fiduciary capacity, including the right to execute tax documents related to these securities.

If more than one individual is named, they are authorized to act  separately  jointly.

*(If neither box is selected, the authority to act jointly will be assumed unless the names are joined by "or.")*

If the Department of the Treasury requires a Bond of Indemnity to protect the interests of the United States, the named individual(s) are authorized to execute the Bond of Indemnity on behalf of this organization as  principal  surety  principal or surety.

*(If not completed, no authority will be assumed.)*

It is further resolved that any action taken by the named individual(s) is hereby ratified and that this authorization shall remain in effect  until revoked or for  1 year  2 years

other \_\_\_\_\_ from the date of certification.

*(One year will be assumed unless otherwise indicated.)*

The named individual(s) are authorized to perform transactions relating to

all accounts/securities  only the accounts/securities specified on the attached additional pages (attach a page describing the accounts/securities).

*(All accounts/securities will be assumed unless otherwise indicated.)*

**2. AUTHORIZATION—If the organization does not have a seal, you MUST wait until you are in the presence of a certifying officer to sign this form. The form must be signed by an officer other than the person(s) authorized in item 1 above.**

I certify under penalty of perjury that the foregoing is a true copy of a resolution adopted at a meeting of the governing body of:

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Taxpayer Identification Number

and that said meeting was duly called and held and that the resolution was duly adopted and is in full force.

(SEAL OF THE ORGANIZATION)

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone No.

**3. CERTIFICATION—Certification required ONLY if organization's seal is NOT affixed above.**

Instructions to Certifying Officer:

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.

I certify that \_\_\_\_\_, whose identity(ies) is/are  
Name of Person(s) Who Appeared

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)

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.)

## INSTRUCTIONS

### USE OF FORM

This form can be used to authorize individuals (by name and title) in an organization to conduct any transactions regarding Treasury securities.

### IMPORTANT NOTES

- Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing this transaction. To avoid delays, read the instructions carefully and **type or print clearly in ink only**.
- **RESOLUTIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

### COMPLETION OF FORM

#### ITEM 1. RESOLUTION

Provide the **name(s)** and **title(s)** of the individual(s) being granted authority.

Provide the complete legal name and taxpayer identification number/account number of the organization.

Indicate whether individuals may act separately or if they must act jointly. If neither box is selected, the authority to act jointly will be assumed **unless** the names are joined by "**or.**" Please note that a TreasuryDirect entity account manager must be certified to act alone.

Indicate whether the named individual(s) are authorized to execute a bond of indemnity on behalf of the organization. Otherwise, it will be assumed that named individuals do NOT have the authority to execute a bond of indemnity. Generally, a bond of indemnity will only be used for lost definitive security claims.

Indicate the time period the authority will remain in effect. If the authority to act has no specified effective time limit, "until revoked" should be checked. Otherwise, it will be assumed the authorization is valid for one year.

If the authority granted is restricted to specific accounts/securities, mark the appropriate box and attach a page describing the accounts/securities. If the authority granted is for all accounts/securities, mark that box. If neither box is selected, it will be assumed that the authorization is for all accounts/securities.

#### ITEM 2. AUTHORIZATION

After the resolution has been adopted by the organization, an officer of the organization who is responsible for maintaining the organization's records, should sign and date the form. This officer cannot be among those named on the front of the form (i.e., an officer may not sign his or her own authorization to conduct transactions). The organization's seal must be affixed to the form. If the organization does not have a seal, the form must be certified.

#### ITEM 3. CERTIFICATION

Certification of the officer's signature is required only if the organization's seal is not affixed to this form. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions.

**Certification by a Notary Public is NOT acceptable.**

**WHERE TO SEND** – Send the completed form and the securities, if any, as well as any other evidence and forms, to the appropriate office below.

- Series H or Series HH savings bonds:  
Bureau of the Fiscal Service, PO Box 2186, Parkersburg, WV 26106-2186
- Definitive (paper) savings bonds and savings notes:  
Bureau of the Fiscal Service, PO Box 7012, Parkersburg, WV 26106-7012
- Book-entry savings bonds and marketable securities held in TreasuryDirect:  
Bureau of the Fiscal Service, PO Box 7015, Parkersburg, WV 26106-7015
- Marketable securities held in Legacy Treasury Direct:  
Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426
- Definitive (paper) marketable securities:  
Bureau of the Fiscal Service, PO Box 426, Parkersburg, WV 26106-0426

**RETENTION OF RESOLUTION** – If this resolution is submitted in support of a specific transaction request, subsequent requests should be accompanied by additional resolution forms. If this resolution is to remain in effect for a longer period of time, this form will be retained at the Bureau of the Fiscal Service. In order to be effective, changes or revocations to this resolution must be in writing, certified, and sent to the Bureau of the Fiscal Service. The Department of the Treasury (Bureau of the Fiscal Service) will not be responsible for recognizing changes or revocations not submitted.

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**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; or as otherwise authorized by law or regulation.

We estimate 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 appropriate address shown in "WHERE TO SEND" in the Instructions.**