For official use only: Customer Name	Customer No.

PD F 5188 E
Department of the Treasury
Bureau of the Public Debt
(Revised October 2005)

OMB No. 1535-0069

DURABLE POWER OF ATTORNEY FOR SECURITIES AND SAVINGS BONDS TRANSACTIONS

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. APPOINTMENT

I, _____ **HEREBY APPOINT**
(Name of Grantor)

_____ **AS MY ATTORNEY-IN-FACT.**
(Name of Attorney-in-Fact)

2. AUTHORITY

A. ☐ I authorize my attorney-in-fact named above to perform any and all transactions relating to my Treasury Securities and United States Savings Bonds and Notes that Treasury regulations permit an attorney-in-fact to make. This authority includes the right to execute tax documents related to these securities.

B. ☐ I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretionary, that I am authorized to perform regarding securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed as fiduciary.

Authorized transactions may include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers or sales, assignments, purchases by ACH (P*ayDirect®)* or any other authorized payment method, or reinvestments. The Bureau of the Public Debt will not be liable for any loss, cost, or expense that you may incur as a result of transactions made by the attorney-in-fact appointed.

3. TERM AND DURABILITY

This power is effective until it is revoked in writing. (See Item 3 in the instructions for revocation procedures.) This is a durable power of attorney that will not be affected by the grantor's subsequent disability or incapacity.

4. SIGNATURE

I ratify any and all authorized transactions by my attorney-in-fact.

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

Sign Here ⇒ _____ _____
(Print Name)

Home Address _____
(Number and Street or Rural Route) (City) (State) (ZIP Code)

_____ _____
(Legacy Treasury Direct® Account No., if applicable) (Social Security Number)

E-Mail Address _____ _____
(Optional) (Daytime Telephone Number)

The grantor must sign in your presence. You must 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 _____ (Month), _____ (Year),

at _____ (City) (State), and signed this form.

_____
(Signature and Title of Certifying Officer)

_____
(Number and Street or Rural Route)

(OFFICIAL STAMP OR SEAL)

_____
(City) (State) (ZIP Code)

_____
(Name of Financial Institution)