For official use only:	
Customer Name	Customer No.

PD F 5188 E
Department of the Treasury
Bureau of the Public Debt
(Revised April 2008)

## DURABLE POWER OF ATTORNEY FOR SECURITIES AND SAVINGS BONDS TRANSACTIONS

OMB No. 1535-0069

Revised A	April 2008)	ND SAVINGS BON	DO INANGACI	10140		
	ANT: Follow instructions in filling out to the United States is a crime that		and/or imprisonme	nt.	ctitious, or fraudulent claim	
. APPC	DINTMENT					
I,				HERE	BY APPOINT	
• –	1)	lame of Grantor)				
_				AS MY	ATTORNEY-IN-FACT.	
2. AUTH		e of Attorney-in-Fact)				
	I authorize my attorney-in-fact named above to perform any and all transactions relating to my Treas Securities and United States Savings Bonds and Notes that Treasury regulations permit an attorney-in-fact make. This authority includes the right to execute tax documents related to these securities.					
В. 🗌	I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretional that I am authorized to perform regarding securities belonging to any trust, probate estate, guardiansh conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed fiduciary.					
redem metho	rized transactions may include, laptions, transfers or sales, assignd, or reinvestments. The Bureau as a result of transactions made b	nments, purchase of the Public Debt	s by ACH (Pay will not be liable	<i>Direct</i> ®) or any of	ther authorized paymen	
This p	A AND DURABILITY power is effective until it is revoke able power of attorney that will not					
. SIGN	ATURE I ratify any and all	authorized transac	ctions by my at	torney-in-fact.		
	You must wait until y	ou're in the presenc	e of a certifying of	fficer to sign this form	n.	
Si	gn Here ⇒					
	Gig	(Signature of Grantor)		(Print Name)		
Hom	Home Address					
ПОП	(Number and Stree	t or Rural Route)	(City)	(State)	(ZIP Code)	
	(Legacy Treasury Direct® Account No., if applicable) (Social Security Number)				y Number)	
E-Ma	il Address					
		otional)	<del></del>	(Daytime Telephor	ne Number)	
	The grantor must sign in your p	resence. You must co	omplete the certifica	ation and affix your st	amp or seal.	
I CERT	ΠFY that			, whose ide	entity is known or was	
proven	to me, personally appeared before n	ne this	day of	(Month)	, (Year)	
at		, and signed t	his form.			
	(City) (State)					
			(Signature an	d Title of Certifying Officer)		
	(OFFICIAL STAMP OR SEAL)		(Number ar	nd Street or Rural Route)		
	·	(City)		(State)	(ZIP Code)	
			(Name	of Financial Institution)		