



**APPLICATION FOR RECOGNITION AS
NATURAL GUARDIAN OF A MINOR**

www.treasurydirect.gov
844-284-2676 (toll free)

Visit us on the Web at 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 under the laws of the United States.

TYPE OR PRINT IN INK ONLY - APPLICATIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS

1. Legacy Treasury Direct ACCOUNT INFORMATION

ACCOUNT NUMBER(S):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

FOR DEPARTMENT USE

DOCUMENT AUTHORITY

APPROVED BY

DATE APPROVED

2. MINOR

NAME: _____

MINOR'S TAXPAYER IDENTIFICATION NUMBER: _____

DATE OF BIRTH: _____

3. GUARDIAN

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____

RELATIONSHIP TO MINOR: PARENT FURNISH CHIEF SUPPORT OTHER (specify) _____

MARRIED? If your spouse did not apply as natural guardian with you, please have your spouse sign after the following statement:

I consent to the above-named parent acting as the guardian for our minor child. _____
Signature

SEPARATED OR DIVORCED? You must furnish a certified copy of court records showing you have custody of the minor.

NAMES AND ADDRESSES OF OTHERS WHO REGULARLY CONTRIBUTE TO THE MINOR'S SUPPORT, AND THE PERCENTAGE OF THEIR CONTRIBUTIONS: _____

DOES THE MINOR RESIDE WITH YOU? YES NO

IF NO, PROVIDE THE NAME AND ADDRESS OF THE PERSON WITH WHOM THE MINOR RESIDES: _____

4. AUTHORIZATION

You must wait until you are in the presence of a certifying officer to sign this form.
(If there are two owners joined by the word "and," both must sign.)

I REQUEST THAT I BE RECOGNIZED AS NATURAL GUARDIAN OF THE SAID MINOR FOR PURPOSES OF FURNISHING THE PAYMENT INSTRUCTIONS FOR THE ACCOUNTS LISTED AND TO EXECUTE ANY NECESSARY TRANSACTION REQUESTS FOR THOSE ACCOUNTS.

I CERTIFY THAT NO LEGAL GUARDIAN OR SIMILAR REPRESENTATIVE HAS BEEN APPOINTED FOR THE SAID MINOR AND NO SUCH APPLICATION IS CONTEMPLATED AND THAT THE SAID MINOR HAS AN INTEREST IN WHOLE OR IN PART IN SECURITIES HELD IN THE ACCOUNTS LISTED.

IN CONSIDERATION FOR MY RECOGNITION AS NATURAL GUARDIAN OF THE MINOR, I HEREBY AGREE THAT I WILL PROMPTLY NOTIFY THE BUREAU OF THE FISCAL SERVICE IF (A) THE MINOR'S DISABILITY IS REMOVED UNDER THE LAWS OF THE STATE OF HIS OR HER RESIDENCE, (B) A LEGAL GUARDIAN OR SIMILAR REPRESENTATIVE IS APPOINTED FOR THE MINOR'S ESTATE, (C) I NO LONGER FURNISH CHIEF SUPPORT FOR THE MINOR (WHEN SUPPORT IS THE BASIS FOR RECOGNITION), OR (D) THE MINOR DIES.

SIGNATURE(S)

5. CERTIFICATION

The natural guardian's signature **MUST** be certified by an authorized certifying officer.

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(S) OF PERSON(S) WHO APPEARED
KNOWN OR PROVEN TO ME, PERSONALLY APPEARED BEFORE ME THIS _____ DAY OF _____
MONTH/YEAR
AT _____ AND SIGNED THIS APPLICATION.
CITY/STATE

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.

SIGNATURE AND TITLE OF CERTIFYING OFFICER

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY/STATE/ZIP CODE

TELEPHONE



INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR RECOGNITION AS NATURAL GUARDIAN OF A MINOR

PURPOSE

This form can be used to:

- apply for recognition as a natural guardian of a minor who owns, wholly or in part, Legacy Treasury Direct securities in an estate where a legal representative has not been appointed.
- apply for recognition as a natural guardian when a designated natural guardian is no longer acting. (A death certificate, physician's certificate, or certified evidence of court action must be submitted as proof of the designated natural guardian's inability to act.)

IMPORTANT NOTE

- 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 form. To avoid delays, read the instructions carefully and **type or print clearly in ink only**.
- This form **MUST** be signed in all cases.
- **APPLICATIONS WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

WHO MAY APPLY

The parent with whom the minor resides may apply. If the minor resides with both parents, either or both may apply. The parent who has not joined in the application should consent by signing the statement within the box in Section 3. If the parents are separated or divorced, no consent is required provided that a certified copy of court records is furnished showing that the parent applying has custody. If the minor does not reside with either parent, the person who furnishes the minor's chief support may apply.

No application will be considered if the Department of the Treasury is on notice that 1) the minor's disability no longer exists under the laws of the state of his or her residence, 2) a legal guardian or similar representative of the minor's estate had been appointed, 3) the applicant is not entitled to act as natural guardian, or 4) the minor has died.

1. Legacy Treasury Direct ACCOUNT INFORMATION

Provide the ACCOUNT NUMBER(S) of all Legacy Treasury Direct accounts owned wholly or in part by the minor.

2. MINOR

Provide the minor's NAME, TAXPAYER IDENTIFICATION NUMBER, and DATE OF BIRTH.

3. GUARDIAN

Provide your NAME and ADDRESS, and indicate your relationship to the minor. **Remember:** If you are married and your spouse did not apply as natural guardian with you, please have your spouse sign the statement within the box. If you're separated or divorced, furnish a certified copy of court records showing you have custody of the minor.

If you are applying as the furnisher of chief support for the minor, provide the names and addresses of others who regularly contribute to the minor's support and the extent of their contributions (expressed as a percentage of the minor's total support).

Indicate whether the minor resides with you. If not, provide the name and addresses of the person with whom the minor resides.

4. AUTHORIZATION

Read the authorization statement carefully. In the presence of an authorized certifying officer, sign the form in ink.

5. CERTIFICATION

Certification of your signature is required. Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unions. Certification date, address, and telephone number of the financial institution are required.

WHERE TO SEND

Completed forms must be submitted to:

Treasury Retail Securities Site
PO Box 9150
Minneapolis, MN 55480-9150

This form should be submitted in support of a specific transaction request. Subsequent requests should be accompanied by additional natural guardian applications forms.

Contact

Call us toll-free in the United States at 844-284-2676. Outside the U.S.? Call us at +1-304-480-6464.

NOTICE UNDER THE 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 Fiscal Service 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 Fiscal Service; 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 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; instead, submit completed form to the address shown in "WHERE TO SEND" in the Instructions.**