

For official use only:

Customer Name

Customer No.

FS Form 2513  
Department of the Treasury  
Bureau of the Fiscal Service  
(Revised December 2017)

**APPLICATION BY VOLUNTARY GUARDIAN OF  
INCAPACITATED OWNER OF UNITED STATES  
SAVINGS BONDS OR SAVINGS NOTES**

OMB No. 1530-0031

**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. Certificate of Qualification**

I, \_\_\_\_\_, of full age and residing at \_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_, certify all the following:  
(Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

The owner of the bonds or notes, \_\_\_\_\_, is an adult.  
(Name of Owner)

His or her Social Security Number is: \_\_\_\_\_  
(Social Security Number)

He or she resides at: \_\_\_\_\_  
(Number and Street, Rural Route and Box, or PO Box) (City) (State) (ZIP Code)

He or she is mentally incapacitated and can't handle his or her own affairs.

No legal guardian or similar representative has been appointed for the incapacitated person's estate by any court, no person is otherwise qualified to act, and no qualification for such appointment is pending.

The incapacitated person is the registered owner of, or the person entitled to, the United States Savings Bonds or United States Savings Notes listed in Item 2 below.

**2. Description of Bonds and Notes**

ISSUE DATE	BOND or NOTE NUMBER	ISSUE DATE	BOND or NOTE NUMBER	ISSUE DATE	BOND or NOTE NUMBER

*(If more space is needed, use a separate sheet and attach it to this form.)*

**3. Nature of Request**

I request that I be recognized as voluntary guardian of the incapacitated person, and in such capacity I further request:

- A. Payment of the above-listed bonds or notes. I certify the redemption value of ALL savings bonds plus the redemption value of ALL savings notes belonging to the incompetent at the time of this application does not exceed \$20,000.
- B. Payment of interest due or payable on Series H or Series HH bonds listed above. I agree that I will notify the Fiscal Service if the incapacitated person dies or is restored to competency, or if a legal guardian or similar representative of the incapacitated person's estate is appointed or otherwise legally qualified.
- C. Issuance of electronic substitutes for the above-described bonds upon my application and submission of satisfactory proof of loss, theft, or destruction. (Please submit FS Form 1048, available at [www.treasurydirect.gov](http://www.treasurydirect.gov).) (Note: Savings bonds within one month of final maturity cannot be reissued.)
- D. Release of confidential information on savings bonds or savings notes on which the incapacitated person is named owner or coowner, or to which he or she has become entitled.

**4. Delivery Instructions** (Read Item 4 in the Instructions before completing this section.)

Please deposit my funds directly, as authorized below.

\_\_\_\_\_ (Name or Names on the Account)

\_\_\_\_\_ Type of Account:  Checking  Savings

(Depositor's Account No.)

\_\_\_\_\_ Bank Routing No. (nine digits) \_\_\_\_\_ (Name of Bank) \_\_\_\_\_ (Phone No. of Bank)

**5. Supporting Information**

In support of the above request(s), I declare that my answers to the following questions and the other information given below are true and complete, to the best of my knowledge and belief.

- A. (1) What is your relationship to the incapacitated person? \_\_\_\_\_
- (2) Are you contributing to his or her care and support?  YES  NO
- (3) Are any other persons or agencies contributing?  YES  NO
- If YES, please give names and addresses on the next page.

**Other contributors**

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

- B. Describe the incapacitated person's disability: \_\_\_\_\_
- Has he or she been declared mentally incompetent by a court or governmental agency?  YES  NO  
**(Proof of incompetency is required – see Item 5B in the Instructions.)**
- C. Is the incapacitated person a patient in a hospital or other institution operated by a federal, state, or other governmental agency?  
 YES  NO If YES, furnish the agency's name and address:
- D. Does the incapacitated person own any savings bonds or savings notes in addition to those described on this form?  
 YES  NO If YES, list the additional holdings by issue date, face amount, serial number, and registration on a separate sheet of paper and attach it to this form.

**6. Signatures and Certification**

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

I petition the Secretary of the Treasury for completion of the transactions requested above as authorized by law, and if such requests are granted, hereby acknowledge and agree that the proceeds will be used for the benefit and support of the incapacitated person. Upon approval of the requested transactions, I bind myself, my heirs, executors, administrators, successors and assigns, jointly and severally, to hold the United States harmless as the result of any claim by any other parties having, or claiming to have, interests in the bonds or notes and, upon demand by the Department of the Treasury, to indemnify unconditionally the United States and to repay the Department of the Treasury all sums of money which the Department may pay to me as voluntary guardian, including any interest, administrative costs and penalties, or losses incurred as a result of such payment. I declare under penalty that I have not knowingly furnished any false, fictitious, or fraudulent information.

**Sign Here:**

\_\_\_\_\_ (Type or Print Name)

\_\_\_\_\_ (Social Security Number) \_\_\_\_\_ (Daytime Telephone Number) \_\_\_\_\_ (E-Mail Address)

**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 is known or was  
 (Name[s] of Persons 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 Officer)

\_\_\_\_\_  
 (Name of Financial Institution)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City / State / ZIP Code)

\_\_\_\_\_  
 (Telephone)

**Consents of Other Contributors - You must wait until you are in the presence of a certifying officer to sign this form.**  
 For more than two signatures, use this form and the form "Certification Attachment" (PD F 2778-1), available at [www.treasurydirect.gov](http://www.treasurydirect.gov).

I (We) consent to the action(s) requested in this application.

<p><b>Sign here:</b> _____          (Signature)</p> <p>_____          (Number and Street, Rural Route and Box, or PO Box)</p> <p>_____          (City) (State) (ZIP Code)</p>	<p><b>Sign here:</b> _____          (Signature)</p> <p>_____          (Number and Street, Rural Route and Box, or PO Box)</p> <p>_____          (City) (State) (ZIP Code)</p>
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 (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)

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\_\_\_\_\_  
 (Signature and Title of Certifying Officer)

\_\_\_\_\_  
 (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)

\_\_\_\_\_  
(Signature and Title of Certifying Officer)

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City / State / ZIP Code)

\_\_\_\_\_  
(Telephone)

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**(Notary certification is NOT acceptable.)**

### INSTRUCTIONS

**USE OF FORM** – Use this form to request transactions involving United States Savings Bonds or United States Savings Notes owned by a mentally incapacitated person for whose estate no legal guardian or similar representative has been or is to be appointed or is otherwise qualified, for the following purposes:

- To apply for payment, if the total value of all of the owner's bonds and notes does not exceed \$20,000 and the proceeds will be used for the benefit and support of the incapacitated person. The redemption value of the bonds and notes will be determined as of the date the request is received by the Bureau of the Fiscal Service.
- To apply for reinvestment of matured Series E bonds.
- To apply for payment of interest due on any Series H or Series HH bond registered in the incapacitated person's name.
- To apply for substitute bonds on behalf of an incapacitated owner on account of the loss, theft, or destruction of the originals.
- To apply for authority to receive confidential information to which the incapacitated person is entitled.

**WHO MAY APPLY** – Any relative who is actually supporting or otherwise looking after the affairs of the incapacitated person may apply or, if none, anyone who is a proper person to represent the incapacitated person's interests may apply.

**COMPLETION OF FORM** – Answer all questions and furnish all information called for. If you need more space for any item, use a plain sheet of paper and attach it to the form. Complete and attach any additional form necessary for the requested transaction.

**ITEM 1.** Furnish all information requested pertaining to yourself and the incapacitated person.

**ITEM 2.** List by issue date and number those savings bonds and savings notes to which the application relates. Furnish information on a separate sheet as to any other savings bonds or savings notes owned by the incapacitated person.

**ITEM 3.** Mark the appropriate box(es) to indicate the nature of your request.

**A. PAYMENT** - Mark this box to request payment of the incapacitated person's bonds and notes. The redemption value of all savings bonds plus the redemption value of all savings notes owned at the time of this application can't exceed \$20,000. If the total redemption value exceeds \$20,000, this form must not be used to request payment; instead, a legal representative must be appointed for the incapacitated person by the court having jurisdiction. If the bonds or notes to be redeemed have been lost, stolen, or destroyed, a FS Form 1048 must **also** be completed and submitted.

**B. PAYMENT OF INTEREST** - Mark this box for payment of interest on Series H or Series HH bonds now owned by the incapacitated person. You must agree that the interest now due or payable will be used for the benefit and support of the incapacitated person. You must also agree to notify the Fiscal Service promptly if there is a change in the status of the incapacitated person. Interest on Series H or Series HH bonds **must** be paid by direct deposit to the owner's account at a financial institution. You must complete a direct deposit form, FS Form 5396 or SF 1199A, and submit it with this application. Forms SF 1199A are available at financial institutions in the United States. The financial institution designated to receive the payment can assist in the completion of the direct deposit form.

**C. MISSING BONDS** - Mark this box If you wish to obtain electronic substitutes for bonds which have been lost, stolen, or destroyed. As voluntary guardian, you must also complete a FS Form 1048 and submit it with this application. If any other person is named on the bonds, he or she must join in signing the FS Form 1048. **NOTE:** For Series EE and Series I bonds, we no longer issue substitute bonds in paper form. We issue those substitute bonds in electronic form, in our online system TreasuryDirect. For more information, go to [www.treasurydirect.gov](http://www.treasurydirect.gov).

**D. CONFIDENTIAL INFORMATION** - Mark this box If you wish to obtain information on savings bonds or savings notes on which the incapacitated person is named owner or coowner, or to which he or she has become entitled.

**ITEM 4. DELIVERY INSTRUCTIONS** - Furnish the name(s) on the account, the account number, the type of account, and the financial institution's name, routing number, and phone number. You may need to contact the financial institution to obtain the routing number.

- ITEM 5. A. CONTRIBUTION** – Show whether or not you are contributing to the incapacitated person's support. If other persons are also contributing to the incapacitated person's care and support, their consents must be secured if payment is being requested under Item 3A on page 1. Consent must be given in Item 5.
- B. PROOF OF INCOMPETENCY** - If a court has declared the bond or note owner legally incompetent to manage his or her affairs, you must furnish a copy of the court order, certified under seal of the court. If no such determination has been made, a statement must be furnished from the incapacitated person's attending physician, on the physician's professional stationery, describing briefly the bond or note owner's condition and indicating whether or not he or she is mentally competent to engage in business transactions. If the incapacitated person is a patient in a public institution, this statement may be made by the chief medical officer on the institution's official stationery.
- C. CONSENT OF PUBLIC AUTHORITIES** - If the incapacitated person is a patient in a hospital or other institution operated by a federal, state, or other governmental authority, and a charge is or may be made for the care given, the governmental agency must furnish a statement on official stationery by an authorized official having the duty to fix or collect such charge, consenting to the action requested. Such consent is required only if payment is requested under Item 3A on page 1.
- D. INCOMPETENT'S OTHER HOLDINGS** - If the incapacitated person owns United States Savings Bonds or United States Savings Notes other than those listed in Item 2 on this application, describe the additional bonds or notes by serial number, issue date, denomination, and registration. Do this on a separate sheet of paper and submit it with this application. This information is required only if payment is requested under Item 3A on page 1.

**ITEM 6.** Sign the form in ink, print your name, and provide your address, daytime telephone number, and, if you have one, e-mail address. The application must also be signed by contributors, if any. All signatures to the form must be properly certified. (See "**CERTIFICATION**" below.) If joining in the application is inconvenient for the contributors, their consents may be furnished on separate sheets of paper. The consents must be worded to refer specifically to the action being requested and must be properly signed and the signatures certified.

**CERTIFICATION** – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a list of individuals authorized to act as certifying officers, see Department of the Treasury Circulars, No. 530, and Public Debt Series No. 3-80.

**WHERE TO SEND** – Send the application and any supporting evidence to Treasury Retail Securities Site, PO Box 214, Minneapolis, MN 55480-0214. If payment or reinvestment is requested, the bonds or notes must be submitted with the application.

#### **NOTICE OF 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 20 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 address shown in "WHERE TO SEND" in the Instructions.**